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ABSTRACT

This study attempted to clarify the issues of previous research that revealed that Korean Americans underutilize available mental health and social service systems in the community. It is reported that five independent variables are related to underutilization: (1) level of adjustment; (2) cultural values; (3) personal adaptability; (4) attitude toward professional service utilization; and (5) other external factors. It is suggested that well adjusted individuals are most likely to exhibit greater utilization of services. It is reported however, that positive attitudes toward utilization and service are not related to utilization behavior. The report concludes that individuals who have adapted to the new Western culture tend to develop a pattern of self sufficiency and self control in their behavior, and are less likely to depend on outside resources. (JCD)

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A STUDY ON VARIABLES RELATED TO BEHAVIOR PATTERNS OF CULTURAL ADJUSTMENT AND MENTAL HEALTH DELIVERY SYSTEM UTILIZATION FOR KOREAN - AMERICAN

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CHAPTER I

INTRODUCTION

In the midst of a rapidly changing American social scene, people of different races and cultures have been coming to this country for various reasons. Some come in search of personal, religious and political freedom, some for adventure or jobs and some seeking a better life for themselves and their family. In the past ten years, an estimated ten million newcomers have arrived in this country, most of them from nations that once had little representation on these shores. Among them, Asian-American people have constituted the fastest growing population in the United States (Immigration and Naturalization Service Annual Report, 1976; U.S. Bureau of the census: Historical Statistics, 1973).

Since the Immigration and Naturalization Act of 1965 abolished the national origin quota system, which had discriminated against Asian immigrants, Asian countries are annually surpassing in numbers the European nationals who at one time sent hundreds of thousands or millions of their citizens to America.

Another more recent impact on the population increase was the influx of refugees from Indo-China. The Indo-Chinese as well as other new immigrants tend to concentrate in metropolitan areas such as Washington, D. C. According to U. S. Census data (Historical

Statistics, 1973), the Filipino immigration increased 921%, Korean immigration, 832%, Chinese immigration 359% and Japanese immigration increased 33% since 1965. A study done by Shon (1979) indicated over 90% of this Korean immigrant population is essentially monolingual, and does not comprehend the American society and its culture.

Nevertheless, a review of the literature concerning Asian immigrants indicated that there has been little research done on this emerging population related to their general social adjustment and personal well-being. It is quite apparent that Asian populations are an underresearched group compared to other ethnic minorities in the United States.

Background of Problem

The concentration of a large number of Asian immigrants in metropolitan urban areas has brought numerous problems related to social, economic , mental and physical health. Kim (1975, 1979) found that in the process of acculturation, these recent arrivals are experiencing extreme hardships in vital areas of elementary suvivial needs along with cultural shock. Increasing numbers of first generation youth and children of immigrants are struggling for their identity, torn between the old culture of their ancestors/parents and their new culture of American society. A large number of senior citizens who emigrated along with their sons or daughters are also experiencing a conflict between their old culture's extended family system and the new western culture's nuclear system in addition to many other cultural differences (Kim, 1975, 1979; Kitano, 1969). Consequences are seen in various forms of family conflict.

The relatively young heads of households who came with a great dream to establish a new life in the United States are also facing problems of unemployment, underemployment, inadequate housing, underachievement, discrimination and low self-esteem. They are suffering from family problems associated with realignment of roles in the new culture (Kim, 1975).

These problems are compounded by language barriers. For the older immigrant, and for subsequent generations, the problems identified center mainly around identity crises that manifest themselves in symptoms of general unhappiness, stress, alcoholism, psychosomatic illnesses, depression, marital friction, youth rebellion and, in some cases, suicide, homicide and psychiatric hospitalization (Kim, 1975).

Traditionally, the Asian-Americans have been a quiet, invisible minority. To fight, to bargain and to be aggressive are generally considered to be undesirable qualities in the Asian culture. They are traditionally considered to be self-helpers. It is hard for them to seek help from others because of their cultural values which inhibit self-referral (Tinloy, 1978). This life-style orientation of Asian-Americans contrasts with the life styles of other minorities in the nation. The Asian-Americans suffer adverse consequences, namely, an inability to participate in the affluence of American society. The self-help programs and affirmative action programs that have helped the Hispanic and black populations have not been of significant help to new immigrant Asian-Americans (Wu, 1980).

Problem Statement

Research in Asian-American mental health and social service problems among this population has indicated a high level of need, yet a low incidence of use of available resources in the community. The underutilization of available service system by this ethnic group may often interpreted to mean that there is stability and positive mental health among this ethnic group. Consequently, the predominant but inaccurate, American perception of the Asian-American community is that of a group of people who are very stable, self-contained and in full command of all social and mental health concerns within their communities.

Asian-American have been described as a successful, model minority (Kitano, 1969). They are perceived industrious, self-sufficient, acculturated, available to fit in well with the dominant white, middle calss culture. However, there is substantial evidence that the "success" image of Asian-Americans is overdlown and more a function of reality (Kitano, 1969; Peterson, 1970). This inaccurate perception has been widely rejected by many social and mental health workers and the research community (Chen, 1976; Ho, 1973; Kinzie, 1978; Kitano, 1969; Sue and Kirk, 1973; Sue and McKinney, 1975; Tinloy, 1977; Yamanoto, 1978).

Despite the increasing needs for assistance from community service resources, little is known by the larger society about Asian-American communities. It is apparent that there is a need to examine the variables, both organizational and consumer, that contribute to this apparent underutilization of mental health services.

Purpose of Study

The primary purpose of this study is to gather information on factors associated with the underutilization of community mental health service delivery systems by Asian-Americans. Related goals of this study were to determine how these variables interact within intra-sample differences, and to identify other correlational variables that may exist in help-seeking patters.

The study aims to:

1. Examine cultural differences and the attitudinal aspects among Asian immigrants that mitigate against maximum utilization of social and mental health services.

2. Explore variations in patterns of service utilization among this population.

3. Identify conditions under which optional utilization of services takes place among members of Asian-American population.

4. Examine the relationship of personality factors and adjustment factors that influence acculturation to a new culture.

5. Identify basic demographic data that permit a more accurate description of this particular population.

Significance of Study

The significance of this study is in the production of hard data concerning the reasons why new immigrants and Asian-Americans underutilize the mental health and social service delivery systems, even though high need for these services may be manifested whthin the community.

As the Asian minority population increases, the need for such services will possibly also increase; and/or as Asian-Americans become more accepting of mental health services, they will be seeking assistance from the professionals who have little or no skills and experience in individual cultures and the traditions of these particular ethnic minority groups.

The lack of basic and realistic information on Asian-Americans in all areas such as cultural, personal and demographic backgrounds, relative cultural experience, psychological adjustment and well-being, and the effects of racism on this group, will affect practitioners unable or unprepared to serve this population adequately.

Research, therefore, on mental health and mental illness is urgently needed because of the applied value that may be derived from such research. In response to this demand, this study presented a clear statement of needs, causes and correlates to psychological well-being for this group, as well as new prevention and intervention strategies on an individual, community and societal level. Some research done on this population is based on sociological notions such as assimilation and acculturation theory. What is desperately needed are psychological theories conceptualizing Asian cultures and minority group experiences in a manner that is free from biases found in western culture.

The upsurge of immigration from Asian countries has not only caused population increases in the United States but has also altered the socioeconomic circumstances of Asians in this country. The majority of the immigrants are relatively well-educated, with professional skills and abilities (Wu, 1980). Yet, more often than not, they wind up unemployed, underemployed or find themselves doing manual labor working in restaurants, kitchens or sewing factories. In these work situations they rarely use their education, nor are they satisfied, because of a lack of communication skills and cultural experience. These facts play a major role in their physical and psychological adjustment to the new culture (An, 1979). Our society needs their contributions to build the better life for themselves and others.

On a broader level, the information acquired by conducting this study will be beneficial for the cultivation of human resources and the effective utilization of this segment of the United States population.

Nature of Study

The research has attempted to find the extent to which Asian-Americans suffer from problems of mental illness or emotional stress, to discover what cultural or attitudinal variables influence the Asian-American perception of efficacy of professional assistance for their satisfaction, and to find out what problems they encounter as they seek professional help.

The study design was correlational and descriptive in its nature. It constructed a paradigm for studying relationships among consumer population variables as well as interacting institutional variables. This study was carried out by means of a questionnaire survey to assess service delivery and utilization of the service by immigrant Asian-American.

Conceptual Hypotheses

Discussions of the status of Asian-Americans' mental health generally emphasize the fact that Asians do not utilize traditional dominant society's mental health resources (Miranda & Kitano, 1976; Tinloy, 1978). This situation has been documented in a variety of studies, by various researchers, in different settings and at varying levels of analysis.

Migration does involve changes in environment, which imply necessary adjustments on the part of migrants. These adjustments may be reflected in improved or worsened mental health. These are, nevertheless, conditions under which there is increased risk for the development of emotional disturbance and problems of adjustment among migrant group. These conditions can be specified in terms of characteristics of the immigration, the immigrating communities, characteristics of individual migrants and circumstances under which the migration occurs.

The underlying questions are:

1. Why is there underutilization of services when help is needed?

2. What alternative resources are available to those who need assistance?

3. What new services can be created to meet their mental health needs?

In discussing the possible relationship between service delivery and service utilization, if the services are provided, but do not meet the needs of the Asian-American clients, or if the relevant kind of mental health services are not available, the out come is still the same -- underutilization of the mental health services.

Other factors that can account for the failure to utilize public services are lake of information and rationality. People may not utilize the services because the information needed to seek the services is not available or distorted, or because they are not aware of the functions or contributions of the services to their welfare. Even if they are aware of the available services, there may be other cultural factors at work to prevent the utilization of mental health services. There may be among Asian-Americans distinctive emphasis on "saving face" or "keeping the problem in the family," and consequently they would not utilize professional or public mental health services.

Another aspect of the known underutilization pattern may be related to the level adjustment or assimilation to the western culture. The more acculturated person may take advantage of the western technologically-oriented mental health services provided by the society at large (Sue and Sue, 1971).

The salient causes for their underutilization have been analyzed. Subsequently, a paradigm to facilitate the Asian-Americans' utilization of mental health services has been developed.

Limitations of the Study

This study was concerned primarily with cultural and attitudinal variables as well as personality characteristics operating in relation to adjustment and to the help-seeking behavior of Asian-Americans. The attitudes and values of the subjects varied in different situations and different times.

The major limitations of the study was the unsufficient instruments developed and utilized for the study. Since there is no culturally sensitive instrument developed to measure personality, attitude and the value systems for the culturally different, it was difficult to conclude whether the instrument used in this study actually measured what they were supposed to.

Evaluation of the findings of the present study was partially limited by the lack of currently available comparative research. This prevented assesment of the relative merits of competing theories and hindered a synthesis of empirical data pertinent to the aspects of migratnt's adjustment.

In spite of these limitations, the study has made an important initial contribution toward identifying some of the important variables of help-seeking behavior of Asian-Americans, and will, hopefully, contribute to future study.

Assumptions for the Study

The following assumptions are considered to be operating in the reluctance toward utilization of mental health services among Asian-American communities:

1. The cultural values of Asian-American may prohibit the utilization of community services. The subjects may feel ashamed or guilty for having shared problems with an outsider that they perceive should be kept within the family.

2. The rigid personality of an individual derived by old culture may prevent them from seeking help from an outsider, which might damage their pride.

3. The subjects may not be able to adjust in general to the new culture.

They are not accustomed to the concept of social service and mental health, and feel a personal problem is entirely personal, not a matter of public concern or assistance. They may feel that they are troubling the human service workers.

4. It is assumed that Asian-Americans do not want to be identified as utilizers of community services. The social stigma of the service may be perceived as "fatal" to an individual and family as well.

5. If service providers can communicate in common culture and language, Asian-American attitudes toward the utilization of services may be more favorable. Asian-American may view service institutions as being composed of incommunicable personnel both culturally and personally.

6. The educational background and professional quality of the service provider is also crucial, together with the cultural and language communication limitations, in availing oneself of these services.

7. Lake of information and knowledge of mental health service may hinder Asian-American from seeking needed service.

8. The underutilizers may not have health insurance to cover the cost involved, or may have no energy or verbal skills to make the effort to deal with the bureaucracy.

9. Their attitude about problems that they are facing may influence their patterns of help-seeking behavior. The immigrants may perceive it as inevitable for all immigrants and think that any personal problems must be resolved by the established coping mechanism within themselves.

10. If higher education institutions provide educational programs such as concepts of mental health and preventive strategies, instead of treatment-oriented clinical services, then the responses may be more positive because of their cultural orientation of high regard of the value of higher education.

The present sudy was designed to clarify and identify related causal factors of the manifested behavior among the ethnic population.

Definition of Terms

Certain key terms and concepts used by the author for specific meaning appear thoughout this study and can be clarified in the following brief definitions. Some of these concepts will be discussed in great detail later in this study.

Some of the major terms and concepts in this study have been used for similar purposes in the following studies: Engel, 1968; Ex, 1966; Fits and Adams, 1972; Gordon, 1964; Hastings, 1977; Kitano, 1966, 1974; Murphy 1965; Oberg, 1960 ; Okano, 1976; Shneiders, 1958; Sue, 1973 ; Takagi, 1973; Thomas and seller, 1972; and Weinbergs,1969.

Acculturation : Viewed as type of assimilation to the extent to which an ethnic group adopts the values, goals and behaviors of the dominant group in the new culture.

Adjustment: Changes in behavior and attitude that are necessary to satisfy needs and meet demands so that one can establish a harmonious relationship with the environment and with himself.

Asian-American: A generic term referring to persons from a broad range of Asian and Pacific Island ancestries. As with the term "Asian-American", the term Korean is sometimes used interchangeably with Korean-American. The terms "Korean-American" and "Asian-American" refer to persons living in the United States (regardless of their citizenship status) who are of Asian or Korean ancestry.

Consumer Variables: Internal factors of those who are in need of organizational services that affect his/her response in relation to the outside world.

Ethnic Group: Refers to the delimiting of a group of people on the basis of race, religion or national origin or by a combination of these categories.

Institutional Variables: External factors that affect directly or indirectly to the manifested behavior of consumer or service recipient.

Minority: A concept of loss of power and status that are acquired with an ethnic connotation. Minority people are seen not merely as different, but as inferior.

Racism: The term refers to the belief that races may be categorized on a dimension of superiority-inferiority. In addition, racism is characterized by the use of power to enforce this belief through the institutions and culture of a society.

Institutional Service: Refers to the general social benefits such as Social Security, Medicare, Workmens Compensation, Unemployment Insurance and so forth.

CHAPTER II

REVIEW OF LITERATURE

The review of the literature is divided into three parts. Part one provides an overview of personality factors affecting social adjustment. This includes a brief review of definitions and concepts of what personality is, how it relates to cultural adjustment, what are the meanings of healthy adjustment and the fully functioning personality.

Part Two is a survey of cultural factors affecting social adjustment of Asian-Americans. This section examines the cultural characteristics of immigration and immigrating communities, characteristics of migrants, circumstances under which the migration occurs. Also included is the nature of the host society, the nature of the former culture of migrants and the nature of the individual which inter-plays within these two cultures.

Part Three of the review examines the relationship of personality and cultural factors with regard to the use of mental health and professional services. This primarily includes studies on the utilization of mental health services and the delivery of these services.

Personality Factors Affecting Social Adjustment

Views on Personality

Many psychologists have traditionally thought of personality as some internal process or structure within the individual that can be used to explain or account for the observable behavior. In a classic review of the various efforts to define personality, Allport (1961) defined personality as the dynamic organization within the individual of those psychological systems that determine his unique adjustment to his environment.

More recently, Hilgard and Atkinson (1968) defined it as the arrangement or configuration of individual characteristics" and ways of behaving that account for an individual's unique adjustment to his total environment. Mischel (1976) defines personality as the distinctive patterns of behavior that characterize each individual's adaptation to the situations of his/her life.

Personality is viewed by Maddi (1976) to tie in one's adjustment pattern to his environment through which it is known to the outside world. It is a stable set of characteristics and tendencies that determine those commonalities and differences in the psychological behavior (thoughts, feelings and actions) of people that have continuity in time and that may or may not be easily understood in terms of the social and biological pressures of the immediate situation alone.

All of these definitions suggest that our understanding of the personality of another individual is gained by observing overt behavior and making inferences about underlying factors that might account for what we have observed. Another similarity among these definitions of personality is their emphasis upon behaviors that relate to the adjustment of individuals to their environment.

The behavior of the developing individual increases gradually in scope and complexity through the process of socialization, and by the time of adulthood, a fairly stable set of interpersonal behaviors has been learned (Goodstein and Lanyon, 1979).

However, changes in these behaviors are certainly possible, but, in fact, most individuals resist major changes in one's environment for the very reason that one wishes to avoid having to make major changes in themselves that may be inconvenient, threatening or uncomfortable. Personality, according to Maddi (1976), is learned behavior, and it does not imply that once one becomes an adult, all he/she will do is produce the behaviors of childhood. New or changed situations may produce new behaviors, that promote personality flexibility toward adjustment.

Adjustment deals with a process rather than a state or condition. It is a continuous process, since every age and every situation may potentially require something new. Methods, therefore, of adjusting undergo continuous modification as the individual develops with age and experience and as his environment changes (Swrey and Telford, 1964).

The pattern of adjustment that may be quite adequate under one set of circumstances, or one age, may be inappropriate at another age or under a different set of circumstances. Adjustment patterns that become "rigid" or "fixed" may restrict the individual in his handling of changed situations or cultural change (Swrey and Telford, 1963). Adjusting to a situation **carries** with it the ability and willingness to relinquish established ways of acting when they are no longer appropriate. The basic requirement of life is maneuvering to make new adaptations without excesive regret, anxieties, regression, depression , or other dysfunctional patterns. Adaptability flexivility rather than fixed patterns of life is the ideal in a constantly changing world or universe (Goodstein and Lanyon, 1978)

Whenever people encounter a new situation, they bring to it their own unique developmental history of needs and need gratifications, plus a behavioral repertories of competencies and skills which they may be able to exercise in this new situation. Hence, when there is a conflict between the person's needs and the demands of the situation, the effectiveness of his/her adjustment is put to the test.

In general, the quality of an individual's adjustment has been defined as the process through which we deal with the needs of everyday living (Goodstein and Lanyon, 1978). According to these authors, effectively adjusted individuals are able to tolerate some delay in the satisfaction of their needs. With its primitive adjustment skills, an infant is expected to accept delay in the gratification of its needs. Mature adults are expected to accept delays in the gratification of their needs, and those persons who cannot tolerate delay of reward fit rather poorly into modern society (Goodstein and Lanyon, 1978).

It is important to understand that the human capacity for delayed gratification and the ability to function according to the reality principle, develops as part of the socialization process.

Judging the effectiveness of an individual's adjustment, according to Goodstein and Lanyon (1978), involves not only the degree of immediate success but also the long-term consequences of the methods of need gratification. They state that the individual also has to learn to continue striving to have his needs gratified or to substitute a new or different set of satisfactions for those originally sought to the extent the needs are regarded as legitimate by society.

It is assumed that an individual's characteristic way of acting out his adjustment patterns is acquired as a means of satisfying his motives, wishes and desires. Adjustment patterns represent the individual's habitual ways of either avoiding stressful situations or alleviating the conditions under which they occur. Personal obstacles to the satisfaction of one's motives may take many forms. Physical handicaps such as specific bodily deformities, generally inadequate sensory defects,or mental deficiency may represent obstacles to achievement. Illness, insufficient knowledge, skill,or strength may otherwise prevent the realization of one's ambition. One's conflicting motives, self-concept,or conscience may also constitute functional barriers to satisfactory living. (Sawrey, 1963).

It is obvious that external and internal barriers are interrelated. Motive strength or intensity also enters into the determination of the extent to which internal deficits and external obstacles prevent achievement. What constitutes a barrier is the result of the dynamic interaction of environmental obstacles, personal characteristics and motivational factors. It is also obvious that environmental obstacles and personal limitations cannot be defined objectively and universally. These are always relative to the intricate interrelationship of the many factors determining behavior. Marked discrepancies between the ideal self and the conceived self can be anxiety arousing, which, in turn may result in the various defenses.

The term "adjustment" could have many different meanings. When the term is applied in our social circumstances, the implication is that we just have to adapt to the conditions and learn to live with those things that may irritate us but cannot be changed (Sawrey, 1963). In a more active sense, the individual should adjust himself to the social demands of our culture. This usually means that one should conform to the way of the majority or to the mores of the segment of society in which one finds oneself.

Mental Hygiene. Contrary to the above, the mental hygiene concept of adjustment concerns itself with a person being personally adjusted or being adjusted to himself. Effective adjustment, or coping, does not mean blind conformity to the demands of the situation without consideration of the legitimacy of those demands or one's personal resources to meet those demands. Goodstein and Lanyon (1978) state "effective adjustment involves an awareness of the situation and its implicit and explicit demand and a weighing of those demands based upon an understanding of one's own needs and resources. Thus, coping involves maintaining a continual balance between personal needs and those of the situation (Sawrey, 1963).

Implicit in the mental hygienic concept of adjustment is harmony within the individual. The goal of the adjustment process, according to Sawrey (1963), is an integrated, self-consistent, self-accepting, happy person. The well-adjusted person is conceived of as free of internal conflicts, external coercion, self-condemnation and inconsistencies in belief and action.

Another relatively new emphasis in personality and adjustment is self-realization or self-actualization. According to this conception, good adjustment consists of the maximum realization of one's potential. The good personality is the growing, self-fulfilling person whose potentialities are coming to full fruition. Maslow (1959) and Rogers (1951) describe the self-fulfilling person as the self engaged in constant quest, always seeking new growth, new development, new challenges.

Carl Rogers (1954) states that the fully functioning personality is not necessarily adjusted to his culture; he is not a conformist. But he would live constructively in as much harmony with the culture as a balanced satisfaction of his internal needs demanded. He can take his culture or he can leave it alone as dictated by his deepest inner needs.

Rogers (1974) emphasizes the process, the directional nature of the congruent personality. He characterizes the self structure of the fully functioning person as a "fluid gestalt" always in the process of change and engaged in the assimilation of new experiences. A fully functioning, self-actualizing personality is in the society, and of the society, but he is not a prisoner of that society. He is autonomous, ruled by the laws of his own character rather than by the rules of society. He is the one beyond or above culture (Maslow, 1951; Rogers, 1951).

Maslow (1951) describes the self-actualizing person:

> "His behavior is marked by simplicity and naturalness, and by lack of artificiality and straining for effort ....His unconventionality is not superficial but essential actualization of self. It is his impulse, thought, consciousness that are unconventional, spontaneous and natural"(Hayakawa,1956,p172).

For the fully functioning person, his own feelings and emotions, his own resentments and tensions, his attractions and his dislikes are, to an unusual degree, in Rogers' terms, "accessible to awareness". A genuinely psychologically healthy person differs from so-called "normal people" in that he is aware of his feelings; he does not try to suppress them. He often acts upon them; he is able to admit them to awareness (Maslow, 1959; Rogers, 1951). Describing this characteristic, Rogers says, The person would be open to his own experience, every stimulus, whether originating in the organ or in his environment, it would be freely relayed through the nervous system without being distorted by defensive mechanisms.

Self-Concept. Considering self-esteem and self-concept as determinant factors of adjustment, an individual tends to perceive the external world from within the self as if looking through a window, or out from the inside of a glove. The way a person feels about himself colors his perception of the phenomenal world (Fitts, 1971).

As individuals view themselves and as self-concepts are measured or viewed by others, a wide range of variability occurs. Fitts and Adams (1971) viewed the well-integrated, self-actualized person as one who perceives himself as a consistent, unified whole across the spectrum of his sub-selves. His abilities and skills will vary considerably. He will be aware of this variability, but his feelings of worth and value as a person will remain relatively constant. In contrast, when an individual's perceptions of himself are unclear, conflicted and dissonant, his behavior reflects these conflicts.

The issue of understanding a minority population greatly depends on one's world views, which are highly correlated with a person's cultural upbringing and life experience. A world view may be broadly defined as how a person perceives his or her relationship to the world, nature, institutions, other people, things, etc.

Sue states that not only are the world views composed of one's attitudes, values, opinions and concepts, but they may affect how one thinks, makes decisions, behaves and defines events. It is believed that for minorities in American society, a strong determinant of their world view is related to their own oppression or subordinate position assigned to them in society (Sue, 1978).

Consequently, the personality characteristics of Asian-Americans are seen as intimately linked to their strong cultural values and historical experience in their parental upbringing, as well as in the American cultural experience. Personality traits that are culturally induced in Americans are independence, individuality and assertiveness. These traits are admired and cultivated in the dominant western culture.

The Asian culture on the other hand suppresses self-assertion and discourages individualism and independence (Kitano, 1960). Asian-Americans traditionally have been taught to value self-control; self-need is subordinated to the needs of the family and others (Sue and Sue, 1971). Direct expression of feelings is inhibited. Avoidance of calling attention to oneself is considered as a great value. Individualism and assertiveness conflict totally with traditional Asian respect for authority and filial piety toward parents and ancestors. A primary social expectation for an individual is to achieve and enhance the family name. If the individual violates this doctrine by acting independently of the teachings and commands of family elders, he will suffer guilt and feel shame from violating the social code (Sue and Sue, 1971).

In contrast, an individual who is too verbal, direct, assertive, confrontational and individualistic is often viewed by Asians as crude, poorly educated and poorly socialized (Ho, 1976; Kaneshige, 1973; Tinloy, 1978). Another aspect of the Asian family's cultural taboo against self-disclosure and being too verbal is described by (Sue, 1973; Sue and Sue, 1971; and Tinloy, 1977) as a defensive behavior learned after generations of discrimination against Asians by white society.

Kitano (1973) describes general reactions to stress and to frustration that are directed inward by Japanese-Americans, referring to the handling of pain and frustration without any outward signs. This is typically Japanese. They do not bother others, and instead internalize their problems. Kitano states that "they might eat their own heart out" and yet exhibit few overt signs of disburbance.

Yun (1976) described the individual personality characteristics of Koreans as "endurance and moderation", traits which are emphasized in Confucianism and Buddhism. Yun states moderation refers to a restrained, sparing and temperate state of mind.

These concepts and outlook on life contribute to the cultural conditioning that typifies, regulates and also rigidifies Korean-American attitudes, ways of thinking and manners of coping with the realities of the immigrant's life. Such cultural rigidities provide a frame of reference for determining what is right or wrong within one's religious or other value system according to Yun.

The Korean ethical emphasis on filial piety and his psychological orientation toward trust, endurance and moderation infuse many of his characteristic cultural values on rigidities and enhance his ethnic strengths. For the Korean-American in his acculturation process, it becomes essential to find psychological resources and flexibility within himself that would enable him to absorb or learn different, often contradictory, life experiences in the new society.

The personality development of Chinese-Americans was described by Sue and Sue (1971). They used a conceptual scheme to establish three major personality types that develop within interplaying forces such as parental value, the clash between Chinese and western values, and racism, forces which often create great conflicts within the individual.

The three types of Chinese-American personalities are: (a) the traditionalist who clings to Chinese values and confines his/her social life to the Chinese subculture, (b) the marginal person who rejects his or her culture and tries to assimilate into the majority society, and (c) the Asian-American who is in the process of seeking a new identity.

The traditionalist, according to Sue and Sue (1971) suffers from personal feelings conflicting with parental expectations. He attempts to be a good son, to give his parents unquestioning obedience and to achieve well in order to maintain a good family name and feel self worth. If he feels that his parents are wrong or demanding too much, he suppresses or represses his indignation. His defiance of them, on the other hand, would bring on intense feelings of guilt and shame. Another conflict may occur because he has to interact with the receiving society that is often functioning under different expectations, norms and behavior patterns.

The second type, the marginal person, according to Sue and Sue, may find his self-worth defined in terms of being accepted by the larger society. He ignores his parental values and attempts to assimilate into the majority society, but suffers from an identity crisis existing between the margin of two cultures. Another conflict of marginal man is hostility and denial of his minority culture that may turn his hostility inward and to develop a form of "facial self-hatred for possessing traditional characteristics and for hating himself." Finally, he faces conflict with the fact that he is not being accepted by individuals of the very group into which he aspires. He must confront instances of individual and institutional racism while minimizing or denying the impact of racism. His inability to be accepted or to be successful in the host society is attributed to his own group values of unassertiveness and reserve.

The Asian-American sees unquestioning obedience to parent as too painful, racism as too pervasive to ignore and pride in self as too underdeveloped. He tries to formulate a new identity by integrating his past experiences with his present condition. He feels that complete obedience to traditional values limits his self growth, and he feels that many of the problems of the minority in society are the fault of the host society. He feels, therefore, the society must be changed. He may become extremely militant in his reaction to racism when his newly formed identity is threatened.

Sue and Sue report that the marginal man utilizes mental health service at a higher rate than either the traditionalist or the Asian-American. The traditionalist often does not understand therapy or feel comfortable about admitting psychological problems; the Asian-American becomes suspicious of psychotherapy. Marginal man, however, in his attempt to assimilate, would be more likely to utilize mental health facilities when he encounters a problem.

As Asian immigrants become westernized, many begin to view western personality/physical characteristics as more admirable qualities than Asian characteristics. Anthropologist Weiss (1969) reported in his study that many Chinese-American females view Chinese males as lacking desirable traits. Another study (Arkoff and Weaver, 1966) reveals that Japanese-American females express greater dissatisfaction with their body image than the Caucasian female. Consequently, hostility toward one's minority cultural/physical characteristics and background may cause Asians to turn their hostility inward. Thus, the individual easily develops a form of racial self-hatred that leads to lower self-esteem and intense inner conflict.

Cultural Factors Related to the Social Adjustment of Asian-Americans

Socio-cultural Factor

It is generally believed that the individual's attitudes, beliefs, ideas and most of his motives are social products. They represent the acceptance and internalization of the social judgment and values or a culture. Once internalized, these attitudes, beliefs and value systems become autonomous and operate independently of his immediate environment. Self-actualization within such a conceptual framework consists of the expression and development of one's self concept along with the established behavioral trends.

The studies conducted in the United States (Murphy, 1965 to 1979), England (Cox, 1977; Neki, 1976), Israel (Weinberg, 1961), Canada (Jilek-All, 1976) and the Scandinavian countries (Hastings, 1977) reveal mental health problems of immigrants vary with the nature of the immigration, a process which can either help or hurt the mental health of foreign-born immigrants. The factors related are the nature of the host society, of the former culture and of the individual.

To (1979) and Cox (1977) disclosed major reasons for immigration to the United States and Britain. The chief factors are socio-economic disadvantages, overpopulation in the homeland and political freedom in the host countries. Hence, immigration is seized upon as an opportunity to escape financial, social, political and personal problems.

Immigrants make a very bold decision in their life in estranging themselves from their home country. They face this great uncertainty with hopes for a better future, a dream that may or may not come true. On arrival, they find themselves in a state of bewilderment. They do not understand the language, traditions and other ways of the receiving society. They undergo a drastic change and experience cultural shock. The immigrants themselves are seen by their new countrymen as foreign in appearance, language, habits and behavior patterns.

Nature of Receiving Society

Winberg's(1961) study of immigrants in Israel indicates that first experiences after immigration such as availability of a group with a similar outlook on life, the degree of acceptance by the host population, language facility and job opportunities had a distinctive impact on general adjustment, mental health and psychosomatic complaints. Weinbergs defined the need to defend against uprooting and to retain or acquire a feeling of having roots or of belonging, as a key concept of good mental health and social adjustment.

Nevertheless, native residents of the host country find themselves confronted with strange individuals who appear to be ignorant, timid, insecure and sometimes desperately aggressive in their struggle to survive. The host society's attitudes largely reflect stereotypes, based on misunderstandings rather than on the facts. The immigrants are likely to experience varying degrees of impatience, annoyance, resistance, rejection, prejudice, discrimination and hostility. Unfortunately, the general population throughout the United States has been unaware of or insensitive to this(Ho,1976).

The major problem in achieving social acceptance is the permanently visible, non-white skin and features that distinguish immigrants from Americans with European origins. The history of immigration in America shows that the Asian has been the disfavored immigrant group whereas the European is the favored (To, 1979). Sue (1973) reveals the massive discrimination that has historically been directed at Asians in the United States. He reported that in the past Asian immigrants have been denied the rights of citizenship, denied the ownership of land, assaulted and placed in concentration camps during World War II.

Ho (1976) noted the larger society believed that Asian-Americans were immune to discrimination, and this belief has served to hide problems of poverty, unemployment and physical and mental illness. Consequently, the stereotyped Asian-American with "no problems and well-adjusted" is accepted as a model minority in our society. However, a closer analysis of the stereotype success story of the Asian-American has been widely rejected by numerous investigators in the social science field (Daniels, 1971; Devos and Abbott, 1966; Kim, 1975; Kitano, 1969; Sue, 1967).

Knowing little English, possessing many cultural differences, alienated and isolated socially, occupationally and residentially, immigrants are actually forced into conforming to the strong stereotypes that the receiving society has already formed about them. They are helpless and they need a supportive and caring system to teach, guide and assist them in acculturation (Kim, 1975; Kitano, 1973).

Our society expects a speedy and miraculous transformation of newcomers into competent citizens in their newly adopted land. However, the society becomes impatient and frustrated with immigrant helplessness and dependency and with what appears to be slowness in learning and adaptation. Nevertheless, immigrants are urged to adopt the language and customs of the dominant group, customs that include an emphasis on individuality and independence. This creates greater stress and alienation. Sue and Frank (1973) revealed that Asian-American university students experience greater feelings of loneliness, isolation, anxiety, nervousness and rejection than other students. The students were reported to be good in physical science but poor in personal relations. However, as other studies have shown, many of the psychological problems among Asian students were hidden (Kimmich, 1960; Kitano, 1969: Sue and Frank, 1973).

Neverthless, impact of family is so great for stability of an individual. The roles and function of the immigrant family are reported to be vitally important in maintaining social and psychological adjustment of an individual (Weinberg, 1960). Hsu (1972) reports that human beings behave according to their need for human intimacy. It is this need that makes life meaningful. Most individuals develop their affcetive bonds with immediate members of the family such as parents, siblings or other close relatives.

The differences between the Asian-American family as compared to the American family are maintenance of the Asians' cultural traditions, stability of the family and strong pressures to conform (Sue and Sue, 1971).

In addition, Asian-Americans are disciplined in strong patterns of self-control of the personality. Arkoff and Fenz's (1962) study shows the strong family ties of the Asian-American family as well as the traditional adherence of Chinese youths to parental mores. Children are taught by parents to live up to a role of detachment and self-control. This might produce a lack of spontaneity and self-expression, and a strong control over affective impulses, all of which have become characteristics of the Asian personality.

The Asian family's emphasis on filial piety, obedience, conformity and submergence of individuality to the welfare of the family tends to prolong dependency among offspring. They may appear less autonomous and more restrained and controlled (Sue 1975). Lower social extroversion and less concern with the welfare of others were not only reinforced by family emphasis on loyalty and distrust of those outside the family, but also by years of contact with an insensitive western society that results in a "victimized minority" (Sue,1975).

Asian family structure is hierarchical as well as male-dominated; decisions are usually made with little or no input from offspring. Passive acceptance of decisions made by elders is fostered; assertiveness is not encouraged. The child also has little choice of the kind of social relationships he would like to develop (Hsu, 1972). In contrast, most American parents encourage their children at an early age to do things for themselves — to feed themselves, make their own decisions, follow their own predilections and experience both assertiveness and decision-making.

Another interesting consequence of immigrants who are limited in communication, social and cultural skills is that they tend to confine themselves to their old culture by cutting off ties from the dominant culture. Thus, they receive little information on issues like economic, political, social and educational changes and cultural affairs of the American society. They tend to reaffirm their old tradition and flee from the feelings of cultural threat by clinging to the culturally safe, similar group (Kim, 1979).

The immigrants may emphasize values and moral/cultural attitudes that are not only "behind the times", but which also have geographical and cultural gaps, too. Their values and aspirations were acquired twenty to thirty years ago, or even more, in their motherland where even there they may have been estranged. Furthermore, since their immigration, they have not been able to bring their ideas and customs up-to-date through continual interaction with their origins. Chances are that ironically, these immigrants maintain folklores that are totally foreign even in their homeland. They may also cling to idealized memories or a fragment of an old tradition that can no longer be found in the original society.

Cox (1977), in his study of immigrant mental health in England, reveals that Asians more than other immigrants, retain their traditional customs and develop a plural accommodation instead of readily assimilating within the host society.

As a result, parents impose on their children certain ideas and values that widen the gap between them, as well as between themselves and the host society. These conflicts are evident in their style of communication and their lack of social skills that the majority society considers important. They thus become culturally and socially disadvantaged and alienated.

Sue (1979), however, emphasized that the Asian culture's stress on family bonds should be continuous so that the individual's self-esteem and future are tied to the family. In the western culture where the emphasis is on greater freedom and independence, as the Asian individual is socialized in western culture, he begins to lose the affective bonds that define his culture. Western culture with its emphasis on rugged individualism, pushes the individual to find his or her own roots away from the intimate bonds first forged in the family. Therefore, the individualistic person is forced to find meaning by self-exploration and by going on an existential search or by seeking material goals or social, religious and political causes in an attempt to satisfy the affective needs (Sue, 1979). Sue sees that these affective needs are difficult to satisfy since the stress on individualism fosters a great deal of competition.

Asian culture, on the other hand, emphasizes kinship from birth to death so that affective needs tend to be fulfilled at the price of conformity to family and elders (Hsu, 1979).

The Relationship of Personality and Cultural Factors to Views of Mental Health and Views of Professional Services

The comparatively higher rate of distress in the lower social strata has been one of the most consistently documented findings in literature on psychiatric epidemiology. However, most research on stressful life experience finds lower class people, as well as immigrants, are exposed to more of the life problems that have been shown to precipitate emotional distress (Cleary and Kessler, 1980). This can be explained by the fact that lower class people are disadvantaged in their access to both intra-psychic resources and social resources. On the intra-psychic side, it is known that feelings of self-worth and control over the environment are both positively related to class, as are several other intra-psychic characteristics thought to play some part in coping. On the social side, it is known that the poor and disadvantaged are not only impoverished in terms of objective resources, like money and political power, but also in their comparatively limited access to supportive social relationships and stable community ties.

Most immigrants, as they are economically poor and disadvantaged, have lesser resources in their immediate environment. What they have is the strong will to survive (To, 1979). Yet their sense of alienation and disadvantage are overwhelming. It is a widely held belief that mental breakdown is a problem of great magnitude in the immigrant group (Kitano, 1973; Sue, 1978). In the United States, the admission rate of immigrants to mental hospitals is proportionately two to three times higher than that of the native born and their suicide rate is also much higher (Myers, 1978).

The adjustment problem of immigrants, particularly that of the less-favored groups is tremendous and at times overwhelming and hopeless.

In a general sense, a well-adjusted person is defined as an individual who is relatively free from anxiety, who is personally satisfied, has an objective and positive self-concept and who is socially acceptable. The level of adjustment of the immigrants is certainly far from promising in this sense.

Sue and McKinney (1975) conducted a survey on Asian-Americans in community mental health care systems. The study revealed that Asian-Americans underutilize the service and that those who did utilize the service tended to be more severely disturbed than the general population. The study also found an extremely high dropout rate after the first visit.

Other studies conducted by several other investigators have found the same tendency for low utilization of the service among Asian-Americans (Chen, 1976; Kim, 1975, 1979; Kitano, 1969; Sue and Kitano, 1973; Sue and Sue, 1974; Tinloy, 1977; Yamamoto, 1978). These studies have pointed to the cultural value of shame and family name as one important factor.

Another reason identified is lack of information and unfamiliarity of community resources, as well as the western concept of counseling or therapy (Tinloy, 1978). Tinloy found that many individuals did not realize that they needed mental health services. Problems were traditionally kept within the family; family elders, priests, ministers and even herbologists were consulted instead of mental health professionals (Lin and Lin, 1978). Language barrier, lack of financial resources and fear of self-disclosure were found to be the major barriers against seeking mental health services. Ninety-two percent of the respondents, according to Chen's survey (1976), did not have insurance coverage for these services. This resulted in other problems such as non-reimbursement for fees, etc.

Chen (1976) indicated other major cultural factors that function as inhibitors. A large number of Chinese-Americans felt they would avoid going to mental health or professional services even if the need arose. Yamamoto (1978) reported that the stigma of mental illness is so great in Asian communities that it is believed to reflect badly on both the immediate family and the ancestors of the mentally ill.

Lin and Lin (1978) studied the patterns of psychiatric help-seeking behavior among Anglo-Saxon Canadians, Chinese-Canadians, mid-European immigrants and native Canadian Indians living in Vancouver, British Columbia. These patterns have been found to be different among the groups. The study reveals that 95% of the patients of Asian origin, sought help after prolonged efforts by the family to cope with non-criminal antisocial problems. Only 5% of them came from other sources such as referral agencies as compared to 65% of Anglo-Saxon Canadian and European immigrants who were referred by mental health, social service and legal counseling services. This demonstrates the Asian-American's underutilization of existing social and mental health delivery systems and their reliance upon family resources. This also points out that the social stigma of mental illness can be viewed as severely injurious to the family name as well as the ancestor. Hence, the family's reluctance to admit the presence of mental illness to outsiders plays an important role in keeping the patient hidden in the family's care and unavailable for early professional treatment.

This evidence may also suggest reasons why psychiatrists and psychologists see only the acutely psychotic Asian patient throughout the United States and elsewhere in western countries. Patients are brought for help only as a last resort (Hastings, 1977; Lin and Lin, 1978; Sue and McKinney, 1975). This help-seeking behavior may mean that Asians are less disturbed or those with lesser emotional problems do not utilize mental health services. Another conclusion of Lin's (1978) study is that underutilization is due to the Asian's reluctance to refer himself for therapy. Thus, it might be reasonable to expect that only the most severely disturbed Asian seeks psychotherapy.

Lin and Lin (1978) state that the Chinese attitude toward the mentally ill includes components of moralistic, religious, physiological, psychological, social and genetic factors, and they have found the weight of each component varies from one individual to the other. The moralistic views, according to Lin and Lin, emphasize two aspects of misconduct as causes of mental illness: deviating from socially prescribed behavior and neglecting to give the respect due to an ancestor. In any case, mental illness is regarded as a punishment for violating Confucian moral ethics or filial piety. It is regarded as the wrath of gods and ancestors in the present or former family members in a cultline, incurred by the patient or his family (Lin and Lin, 1978).

It is, therefore, understandable that shame and/or guilt is pervasive in Chinese families during mental illness crises. There is not only a belief in genetic transmission, but in the inheritance of the disturbance by virtue of parental/ancestral misconduct.

Cultural variables in diagnosis. Due to cultural factors impinging upon Asian-Americans, the universal application of western-derived therapeutic modalities have been known to be inappropriate unless Asian cultural values are seriously considered (Kitano, 1963; Kleiman, 1978; Tinloy, 1977; Yamamoto, 1978). Those researchers also indicated that conflict between values of non-Asian therapist and values of Asian clients is a critical issue, one that needs to be examined.

Clinicians report that Asian-Americans tend to be repressive, suppressive, dependent or psychologically unsophisticated in talking about emotional conflicts, a view perhaps derived from western psychoanalytic or other psychodynamic theories. The Asian's suppression and repression of emotional problems are reflective of defense mechanisms against deeply rooted conflicts. The suppression and repression are learned and reinforced as an integral component of Asian cultural values, and would be inadequately interpreted by clinicians as a psychological defense mechanism rather than as learned cultural means of coping with emotional conflict (Callee, 1973; Sue, 1976). Cultural influences, to a great extent, are misinterpreted or misunderstood and inappropriately labeled, sometimes off-handedly and arrogantly as psychopathological. The frequent misdiagnosis of Asian and other minority patients as paranoid does not take into account the response to a strange and alienating environment, a response that in other circumstances might be identified as socially congruent adoptive behavior (Yamamoto, 1978).

One of the variables related to compounded misinterpretation is in the area of communication. In Asian traditional culture, directness, openness, honesty, assertiveness and responding too verbally in interpersonal relationships, are culturally discouraged. An individual exhibiting these behaviors is often viewed by the Asian-American community as poorly socialized or undisciplined. Many American or western mental health professionals tend to base their interpretations, understandably but regrettably, on their own cultural view and value system -- a view focusing primarily on direct verbal communication (Cox, 1977; Shon, 1979). Because the clinician is a product of his/her own culture, the clinician's treatment of patients from a contrasting culture may require understanding their own culturally-determined prejudices, as well as accepting certain modifications and limitations of his own customary clinical style. If this adjustment is not made, the therapist may become overwhelmed by his/her apparent inability to assist. The therapist also may treat the patient with an exaggerated concern for cultural nuances.

The insufficiencies of traditional medical models have been suggested by many practitioners (Shon, 1979). The field of mental health in this country is still predominantly based on the medical or disease model of illness. There is no area in the medical model where culture and value system make such an important difference. Depression, anxiety neurosis or hysteria are labels or functional descrioptions for a socially sanctioned "medical sickness role" for problems given by western psychiatrists. They are highly stigmatized and labeled as mental illness, and can lead to difficult social consequences. However, it is apparent that the universal application of the model of deviance such as the proposed by the psychoanalytic model, is inappropriate unless cultural values are considered (Shon, 1979). The emphasis on counseling and psychotherapeutic practice tend to focus on techniques and models rather than on people and their life style.

Bolman (1968) found in his work that the transcultural application of a major mental health modality in the United States was not appropriate because of contrasting cultural variables in different parts of the country. He also found that the therapeutic techniques presented a major problem when exported to Indonesia. He writes about his experience in Indonesia as follows:

> A problem was in the use of psychotherapy which is taught by Western methods and language, the therapy to Indonesians has not been worked out and the changes or modifications needed to apply this therapy to Indonesians has not been worked out. The roles of language and culture impose certain difficulties ...not everything expressed in English can be translated directly, nor do some Western concepts and ideas accord with Indonesian ways of life(Bolman, 1968, p 1238).

He suggests that perhaps every language group needs its own special therapist and type of psychotherapy rather than relying on a therapy entirely western in origin which neglects the traditional native healer. In effect, psychotherapy, he explains, requires those in need to adopt Westernized attitudes in order to benefit from its offerings.

The centeral issue of psychotherapy in the translation of any technique across the various cultural and subcultural boundaries has to do with the degree of congruence between idea and practice existing between what is offered and what is needed.

Bolman (1968) disagrees with the idea that psychotherapy was feasible only when the patient was sufficiently acculturated to western ideas to be able to distance himself and his attitudes from the ritualistic and magical beliefs of his tribal culture.

He also does not agree that people in developing countries are unable to avail themselves of mental health services during the period when the need is apt to be greatest (that is during the transitional adjustments moving from the tribe to the city or from one culture to the other). He called this the "culturalistic approach." The "ethnocentric approach", on the other hand, he explains, stresses similarities between the culture of the clinician and that of the clients, and regards the differences as unimportant.

The third level of approach to cultural barriers, discussed by Bolman, is "cross-cultural". The cultural gap would be bridged by the collaboration of two therapists, a bicultural and a western clinician.

Bolman (1968) explains that it is essential to work in close collaboration with other disciplines and to establish some form of inter-professional relationship on a continuing basis with those who are not strictly regarded as professional. A fuller understanding of individual, cultural dynamics and coping techniques (including the role of the family and tribal supports), without grossly disrupting other sociocultural variables, are seen as essential factors for cross-cultural psychotherapy.

Modality in Service. To many Asian-Americans psychotherapy is entirely foreign and is regarded with suspicion. In addition, as previously mentioned, psychotherapy is mainly based on verbal communication and emotional expression. Therefore, because of culturally-determined inadequacies in the area of verbal facility and general emotional expression, it is more difficult for Asian-Americans to relate to western therapists and to benefit from this type of therapy. Also, Asian-Americans find the lack of structure and direction in some psychotherapy approaches difficult to grasp (Chung, 1978). Cox (1977), in his study, reveals that Asian immigrant patients expected the psychiatrist to be directive and they resented routine inquiry into family relationships.

Atkinson, Matsui and Maruyama (1978) in a study examining counselor credibility, revealed that Asian-Americans prefer a logical, rational, structured counseling approach over an affective, reflective, ambiguous one. They tend to have lower tolerance for ambiguity and vagueness. To them just merely talking is a waste of time and will not bring about results. Therefore, non-directive psychotherapy as practiced by many western professionals may not suitable in treating Asian-Americans.

Service provider. Atkinson, _et al_ (1978) conducted a study showing that racial similarity is a significant factor in counseling relationships, with more positive outcomes resulting when the counseling dyad is composed of individuals of the same race. Another study conducted by Martini (1979) to determine the patient-therapist value congruence and rating of client improvement, revealed a significant correlation between the two. The indications were that value congruence of client-therapist is vital in the therapy process and critical to subsequent judgment of improvement.

CHAPTER III

RESEARCH METHODOLOGY

The purpose of this study was to investigate selected factors related to the low utilization of the mental health and social delivery system among Korean-Americans in the Washington-Baltimore metropolitan area. A descriptive analytical survey method was employed to measure the variables which may relate to or which may determine the subjects attitudes toward mental health delivery services. This study examined personality characteristics, cultural values and attitudes in relation to personal and social adjustment which might affect the patterns of help-seeking behavior of this ethnic population.

Data for this study was obtained by means of a questionnaire designed to test the major hypotheses of the study. Four major hypotheses were tested herein.

In order to accomplish the tasks, the study followed five stages that will be discussed in this chapter: (a) the subjects and sample selection; (b) research instrument; (c) procedures and administration of the research instrument; (d) research hypothesis; (e) statistical analysis of the data. Several important conceptual and definitional issues will be introduced prior to discussion of the five steps of the study.

In reviewing the research literature in mental health of Asian-Americans, the largest category includes studies of utilization patterns of existing mental health resources. Most of the studies and reports emphasized the fact that Asians do not utilize existing traditional dominant society mental health resources (Kimmich, 1960; Kitano, 1965 ; Lin and Lin, 1978 ; Sue and Kirk, 1972 ; Sue and Mckinney, 1975 ; Sue and Sue, 1974).

Studies have documented these findings in widely different settings: UCLA Asian Health Tean Report (Brown, Stein, Huang and Harris, 1973); Los Angeles County Department of Health Services and Asian-American Mental Health Task Force reviews on admission (recorded under three categories :inpatient, outpatient and rehabilitation) (Hantanaka, Watanabe and Ono, 1975); hospital records in Hawaii (Kimmich, 1960); California Community Health Center (Kitano, 1969); UCLAHealth Service records (Sue and Sue, 1974); Los Angeles County General Hospital Psychiatric Outpatient Clinic (Yamamoto, James and Palley, 1968).

The past studies have concluded that the degree of Asian-American representation in the treatment population has been four to five times less than the proportionate Asian representation in the total population, depending on which estimate of base Asian population in the country was used.

These studies have suggested a definite need for mental health services among Asian-Americans, and have identified many family problems existing among Asian- Americans including difficulties in parent-child and in marital relationships. Nevertheless, the majority of the Asian ancestry population does not utilize mental health services to resolve these problems.

Underuse was attributed to a variety of factors. First, the association of shame with mental health problems has been seen as a primary deterrent to the use of services. Due to pride and concern with community reputation, Asian-Americans avoided mental health services unless the problems became so severe as to be unmanageable by the family without outside help.

Second, there is the general impression by Asian-Americans that existing mental health services and/or mere "talk" treatment are considered ineffective and a "waste of time".

Third, a lack of knowledge about mental health problems and appropriate resources for treatment was found among Asian-Americans.

As background for the preceding conceptual issue, Asian-Americans have initially acquired a positive stereotype which promotes the perception that they are without problems, with little need for assistance from the dominant society's institutions, self-sufficient and sufficiently adjusted to fit in well with the dominant white, middle-class culture (Peterson, 1966,1970 ; Sue and Kitano, 1973).

This success image of Asian-Americans perhaps emanates from the cultural attitude and personality characteristics that are culturally induced. Direct expression of feelings and needs is considered a great value, Seeking help from outside of the family is viewed as bringing shame on the family and oneself as well.

However, this stereotyping has changed substantially and Asian-Americans are experiencing many changes and frustrations as they cope with their adjustment from immigrant status to the host society. Yet, studies listed above have revealed the negative patterns of help-seeking behaviors of Asian-Americans in the United States.

This present study, therefore, accept the fact that there is a significantly lower utilization of community social and mental health delivery systems among Korean-Americans compared to the general non-Asian population.

This study has attempted to determine what factors lead to underutilization. The relationship of the following four variables, as measured by the questionnaire, were correlated with underutilization: (a) cultural values (Section 111 on the questionnaire), (b) personality factors (Section 1V) (c) attitude toward mental health problems (Section V), (d) level of adjustment (Section 11).

Each of these variables will be discussed below.

Cultural Values

The very nature of the concept of culture implies that differences exist between interacting society and groups. Thus, to proceed with a study of the adjustment, it is necessary to specify the characteristics of the acculturating groups in the case of Korean-American adjustment.

More specifically, Asian cultural values tend to be at variance with or even conflict with western culture in many ways. Social relationships, family dynamics, concept of self, and attitude toward life in general, are quite different from the western point of view. Investigating a few distinctive characteristics of the culture would clarify the concept viewed in the literature review section of the preceding chapter.

First, status is an extremely important concept of social interaction, and low status persons are expected to be deferential to, respectful of and dependent upon high status persons. The elderly person is respected and revered unconditionally. Obedience to parents and authority is conceived as a mandatory social behavior, and politeness and humility in social manners is regarded as an absolute criterion to judge a person's elegance.

Second, immediate personal feelings are supposed to be inhibited and a direct confrontation with others will be judged as poor self-control and lack of discipline.

Third, culturally induced traits in the west such as assertiveness/aggressiveness, contradict the social manner of Asians and filial piety.

Fourth, to achieve and enhance the family name is a primary value. Individualism and independence conflict totally with traditional respect for authority and the elderly. Individual needs are subordinate to the need of the family.

Personality Factors

Theories of personality suggest that the personal uniqueness of an individual is derived from distinctive patterns of behavior that characterize one's relationship to adjustment to his total life situation (Maddi, 1976). Adjustment pattern and personality characteristics of Asian-Americans are seen intimately linked to their strong cultural values and historical experiences in the American culture. In order to assess personality differences between well-adjusted and less-adjusted immigrant Korean-Americans on the basis of the instrument designed for the study, relevant personality traits will be analyzed by means of statistical computation; however, a controversial issue arising out of a cultural application of the personality traits that derived from standards set up in western culture, one must hesitate applying irrelevant items directly to another cultural group. Thus, this particular study will be limited to a demonstration and discussion of results obtained by applying the few selected adjustment-related traits.

Another consideration raised is that the ego structure of the reality-adjusted individual in one culture can contain methods of psychic adjustment that would appear only in maladjusted persons in another culture. While such views are appealing to those who have learned to think beyond their own cultural value system, they can overlook some of the qualities of maturity and psychic development that transcend the particular environment. Piaget (1930) demonstrated that there are patterns of maturation in social and intellectual development that are not competely relativistic to culture, but are either hampered or fostered by particular cultural settings and by the social reality of particular societies. It is an assumption that one can assess behavior patterns and modes of thought and expression of effect in relation to certain objective standards that are not culturally relativistic. If one judges in terms of human potential, one can find certain components within personality structure which makes possible an assessment of psychic maturity in terms of rigidity-flexibility, and other formal characteristics of ego functioning. These characteristics can be abstracted from whatever cultural content through which they are expressed.

Assuming that there are some universals in psychic maturation, there is the further question whether these universals are directly related to social maladjustment and/or internal maladjustment. The point of view taken by this study is of social adjustment rather than intrapsychic adjustment. When the ratings of level of adjustment and personality integrity of this study are applied to the Korean immigrants, the above discussion must be kept in mind.

Attitude Toward Mental Health Problems

Numerous writers (Jahoda, 1950; Spitert and Willson, 1975;

Zusman, 1975) have discussed the difficulty of defining mental health and disorder. The authors suggest that the issue is more substantial. Most mental health professionals have little training in mental health but training is oriented around the abnormal because mental health clinics and professionals really serve the mentally ill not the mentally "healthy". Zusman (1975) says that there is general agreement that mental health is simply the absence of mental illness.

The implicit understanding makes an assumption that absence of gross psychopathology is often equated with normal behavior and mental health. Traditionally, the Asian view (Lin & Lin, 1978) of mental illness was associated with a strong stigma. The majority of the public associates mental illness with extreme pathology, aggressive, acting out "odd" behavior. Mental illness is considered a hereditary trait that indicates weakness in the family line (Lin and Lin, 1978). Mental illness is regarded as punishment for violating moral ethics, neglecting the respect of ancestors, deviation from socially prescribed behavior, and as the wrath incurred by the patient or his family of gods in the present or former lives of family members in a culture (Lin and Lin, 1978). The person is conquered by evil spirits. Mental illness, therefore, in the family is shameful and guilty feelings are pervasive.

The five criteria of mental health, however, are described by Jahoda (1950): (a) absence of mental illness, (b) normality of behavior, (c) adjustment to the environment, and (d) internal unity of personality and correct perception of reality.

In connection with the mental health hygiene concept, mental health depends upon the adjustment of an individual to the world and to himself with a maximum of effectiveness. Implicit in the mental health concept of adjustment is harmony within the individual. The well-adjusted, mentally healthy person is considered to be free of internal conflicts, external coercion, self-condemnation, and consistent in belief and action (Sawrey, 1963). He would live constructively in as much harmony with the culture as a balanced satisfaction of his internal needs demanded. Rogers (1951) describes this person as self-engaged in a constant quest, always seeking new growth, new development, new challenges. The personality characterizes the self-structure of the fully functioning person as a "fluid gestalt" always in the process of change and engaged in the assimilation of new experiences. Mental health is defined as "capacity to establish harmonious interpersonal relationships" (Ackerman, 1958).

According to a few studies which have attempted to assess Asian conceptions of mental health, Asian-Americans may carry different ideas and definitions of mental illness compared to the rest of United States society (Thaver, Srkoff and Elkina, 1964).

Thaver et al (1964) conducted a comparison study to measure the difference in the conception of mental health held by Asian-Americans versus Caucasian-Americans. They found differences between the American and Asian samples. The study suggested that the Asian group agreed that mental health is a function of self-control and thinking pleasant thoughts (avoidance of unpleasant thoughts). The perceived Asian tendency to somatize emotional illness was organic in nature.

Level of Adjustment

Following the conceptual discussion in chapter three where personality, cultural factors and experience in the different culture were described as important factors to the adjustment of immigrants, operational definition of level of adjustment can be described as the individual's score on the adjustment scale on the questionnaire (Section II). The scale includes items relating to the three major criteria for adoptive functioning: (a) social relations, (b) occupational functioning and (c) use of leisure time (Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, 1980). There is, however, an additional factor to judge immigrants adoptive functioning, namely basic life skills. These provide the individual with feelings of security as well as life satisfaction and comfort. Those skills include the total dimension of one's immediate needs satisfaction in the process of survival, such as shopping, banking, transportation, language, social skills and media utilization and so on.

These basic life skills correlate with the general feelings of happiness stemming out of occupational satisfaction, goal attainment, social life which might interact with one's leisure time pleasure.

To assess the level of adjustment of immigrants, this part of the study will focus on the following four areas: (a) life skills,

(b) social relations, (c) occupational functioning and (d) use of leisure time. These four areas are to be considered together although there is evidence that social relations might be given greater weight because of their particular prognostic significance.

An assessment of the use of leisure time affects the overall judgment only when there is no significant impairment of social relations and occupational functioning or when occupational opportunities are limited or absent (Diagnostic and Statistical Manual of Mental Disorder, 3rd Edition, 1980).

Life skills relate to the survival skills directly related to the needs of the individual in relation to physical and emotional adjustment (Items a, b, c and d on the questionnaire).

Social relations include all relations with particular emphasis on family and friends. It should be considered the total breadth of interpersonal relationships (Items g and h on questionnaire).

Occupational satisfaction refers to functioning as a worker, student or homemaker (Items f and j on the questionnaire).

Use of leisure time includes recreational activity or hobby. The arrangement and depth of involvement and pleasure derived should be considered (Items e and i on the questionnaire).

Korean-Americans

Unlike the many immigrant populations from Asia, most of the Korean population has arrived relatively recently compared to other groups, and it is one of the rapidly growing ethnic minorities in the United States. For this very reason there has been no investigation of the adjustment patterns and the mental health of the population. Some research, however, has been conducted with respect to the other ethnic minorities.

The majority of the current Korean-American population is composed of people who have immigrated since the 1965 amendments to the Immigration and Naturalization Law. The Korean-American is known as a hard worker, rugged individualist, adaptable, self-confident with strong faith in the American dream of unlimited opportunity for all (Kim, 1980). Korean-Americans also have established a public image of the "safe group".

Kim (1980) interpreted the "safe group" image in terms of achieving economic success in American life with no special assistance from government or the community. They are unlikely to end up on the welfare rolls, will not turn to crime and are unlikely to take to the streets to express their grievances and bitterness to society. They are a quiet minority just like other immigrants from Asian countries. Kim describes them as a "safe group" to be safely ignored by the larger community but, nevertheless, with urgent multiple needs. When this situation can be magnified in the generalized clinical opinion, "the quieter the one, the greater the degree of pathology," they may be the people suffering with unseen problems.

This study, therefore, is to focus on Korean-Americans and to investigate some of the factors relevant to their adjustment related to use of mental health services, if needed.

However, through the literature review, It was found that compared tto
compared to Korean groups, a relatively large number of intensive studies concerning Japanese, Chinese and Filipinos among Asian groups have been conducted. This may be due to their long history in the Western Hemisphere.

There were absolutely no similar studies done for the Korean population,which is the most rapidly growing new population among Asian groups in the United States (U.S. Immigration Report, 1979). This present study, therefore, will concentrate on the Korean-American population residing in the Baltimore-Washington Metropolitan area using the church memberships.

Subjects and Sample Selection

The subjects for this study consisted of228 individuals of Korean ancestry who reside in the Baltimore-Washington metropolitan area.

The subjects were drawn from five metropolitan churches in the area that have predominantly Korean congregations. In Baltimore, they are : the Baltimore Presbyterian Church, Bethel Presbyterian Church,and The Korean Baptist Church. In the Washington, D.C. area: The Korean First United Methosist Church and the United Presbyterian Church.

Second group of subjects in this study were those Korean-Americans who participated in the adult vocational education program at Catonsville Community College, located in Baltimore County, Maryland.

Since Korean Immigrants,after abolition of quota sysem, are continuously arriving, it was difficult to obtain a representative sample from the population. Church membership, and community College settings instead of other setting were selected because:

1. Telephone: the restricted population listed in the telephone directory. The new immigrants tend to live under one household, usually with a family who has been in the country longer than they have.

2. Mobility: another obstacle is that they are highly mobile and unstable due to the employment conditions in the process of searching for settlement. This creates problems in locating a sample.

3. Apathy: the emotional/mental insecurity generated by socio-economic insecurity. Then tend to be apathetic toward any kind of social concern of future benefit. This might result in lack of interest in this study and response.

4. Privacy: another obstacle is the cultural factor that one's self-disclosure is an entirely private matter. The reluctance to talk about their personal life would have been a hindrance. In addition, the lack of experience participating in social science research is another impediment to gathering a sample among this population.

5. Time and financial limitations also played a role in use of church membership and community College subjects.

The final decision to obtain samples from the ethnic Korean church was based on the following rationale.

The primary considerations were the desirability of obtaining a sample of Korean-Americans and the availability of subjects. Given the complex demographic characteristics of Korean-Americans, no attempt was made to obtain a random sample of the group. Such a sample would have been impractical, if not impossible to obtain even if time and cost were not factors.

There are over fifty Korean ethnic centers around the Washington, D. C. and Baltimore metropolitan area that are primary institutions within the Korean-American community.

Ethnic churches are identified as playing a role of a major social as well as religious institution which most closely shares and identifies with common problems and cultural values. A previous study (Park, 1975) revealed that no significant differences existed between church samples and the non-religious group.

Therefore, this procedure may create some of the following important advantages:

1. Church population includes a wide range of age, social and economic classes, a variety of demographic data.

2. Churches provide a convenient meeting of relatively large groups of people which makes it convenient to collect samples.

3. Another advantage relates to the utilization of the existing leaderships (Park, 1975) of the clergy which will minimize the reluctance/resistance within ethnic communities in encouraging participation in the study.

Subjects were obtained from several different churches with different socio-economic backgrounds (different religious representation and urban-suburban residence) to avoid gross biases from accidental sampling.

Ethnic churches are frequently composed of individuals within similar socio-economic groups (Park, 1975). One of the churches in the sample was established before the beginning of mass immigration from the Asian countries; the other five have relatively young histories (from one to three years) of establishment among the ethnic churches in their communities. One or two of these ethnic churches are considered to have a higher socio-economic status than the others.

The other five churches are composed of members who are relatively new immigrants with less social status and fewer socio-economic privileges and skills for socio-cultural resources. The population that participated in the adult vocational education program belongs to the latter group but with no group affiliation to a religious organization.

Research Instrument

The basic research instrument specifically developed for this study consisted of a five-part questionnaire which provided information on the following subjects: (a) demographic data, (b) level of adjustment, (c) cultural factors, (d) personality component, (e) attitude toward mental health problems and utilization. Each of these sections is discussed separately including the construction of specific measures in the order that each section appears on the questionnaire.

Level of Adjustment (Part II)

An operational definition of level of adjustment is described as an individual's score on the adjustment scale (Part II) on the questionnaire. The level is based on the individual's adaptive functioning within his/her surroundings.

To measure the level of adjustment, this part of the questionnaire was designed to yield a measure of the general quality of adjustment to the way of living in the United States.

The level of adjustment scale consisted of two major parts: the respondent's positive aspect and negative aspect of adaptive functioning to his surrounding and life situation. The adaptive functioning section consisted of eleven items. This measure is related to various adjustment problems which stem from job satisfaction, language fluency, making friends, getting used to the American way of life, communication patterns, community interactions, general feelings of happiness, goal attainment, aspirations and media utilization.

These items were composed in the Likert format. Five individual items of positive scale were scored from one to six and the summed item score yielded the level of adjustment total score ranged from five to thirty.The lower the score,the greater the degree of presumed overall adjustment. The negative six items were also scored from one to six and the summed item score ranged from six to thirty six. The higher the score, the greater the degree of presumed overall adjustment.

The levels of adjustment measured were analyzed by other intra-sample variables such as the respondent's demographic data, length of residence, education, income, age and reasons for emigration to this country. The underlying assumption here was that cultural difficulties and level of adaptation vary positively with these factors. Second, the index was based on the respondents' cultural values and attitudes that may positively or negatively influence the acculturation process of the respondents.

The construction of the level of adjustment was based on previously used scales by Gutin, et al (1960) and Brandburn (1969). The previously used questionnaires were revised, reorganized and amended for these reasons: first, the previous scales were too long for the purpose of this study, and, second, the previous scales incorporated both attitudinal and perceptual components. Following the distinction described by the Manual of Mental Disorders, the levels of adjustment should be behavior descriptive of the individual's functioning regardless of whether or not special circumstances may have been necessary to sustain that level. It was determined that levels of adjustment would be best measured by excluding attitudinal and perceptual indices. As many theorists suggest, patterns of adjustment or an individual are to be recorded from observations of actions and behaviors (Maddi, 1979; Mischel, 1976).

The final dimension of intra-sample correlation of the achieved level of adjustment is the utilization patterns of the respondent. In relation to utilization, Lin and Lin (1978) and Sue and Sue (1971) state that as Asian-Americans become more westernized/acculturated, the utilization pattern increases positively. Based on these theories and the importance of level of adjustment for the respondent's well-being, all of the major variables for the hypothesis of this study were compared with this adjustment component of the instrument.

The assumption was made that the attitudinal dimension or degree of positive attachment to one's traditional culture may be measured on a uni-dimensional scale. While this dimension is undoubtedly related to certain behavior (relationship patterns, language ability, leisure time expression, occupational functioning), the degree of correlation will vary greatly according to the particular perception and attitude and effects of many variables. Hence, these attitudinal indices were measured separately in the instrument dealing with cultural values and attitudes.

A number of the relevant items taken from previous studies were selected, reworded or replaced, or discarded for the purpose of this study. The questionnaire found in Part II was constructed as follows:

1. Items in the previously constructed measures were reviewed and 28 items with the highest apparent face validity for the measurement of levels of adjustment were selected using exclusively behavioral indices.

2. A panel of experts (social worker, psychologist, sociologist, physician, psychiatrist, educator) were selected to evaluate the selected items for potential inclusion in the instrument.

3. Fifteen were selected by the consulting panel following careful review. These items were tested using a small pilot sample composed of eleven Korean-Americans. Although the samples were not random, the subjects were regarded as representative of a broad range of acculturation levels.

4. Item analysis was conducted using the Likert-type scale. Correlation coefficients of individual items with the total scale for each subject were computed. Significance at the .05 level was achieved for all of the fifteen items. Ten were then selected as the final set of items for measuring levels of adjustment.

Cultural Factors (Part III)

Part III assessed the respondent's cultural value and attachment to one culture or the other, and the attitude toward the differences. Personal favoritism or preference for the culture-specific concept and behaviors to adopt, discard or maintain are suggested. Items dealing with distinctive cultural value indices that are absolutely controversial or diametrically opposed issues in the two cultures, are constructed with special care and consultation.

Items concerning knowledge of Korean culture, customs, mannerisms and values in Korea, and behavior along the lines of traditional Korean expectations, as well as American cultural elements, were included. The assumption, then, is that the cultural value and attitudinal dimension of the degree of strong attachment to one's Korean ancestry may negatively affect the degree of positive acculturation and adjustment.

The items are partially adopted from a previous study scale used by Kim (1980). The investigator originally used the indices to measure parental attitudes toward their children's educational perspectives. Some modification, revision and elimination necessary for the purpose of this study. Some of the eliminated items exclu ed due to the difficulty in finding similal meanings in translation.

The scale consisted of fourteen items, seven derived from Korean traditional values and seven from American cultural characteristics. The fourteen culture specific items consisted of concepts and attitudes such as family system, social status, sex role, social manners and relationship, self expression, language usage, individualism and independence. Items relating to personal conflict and difficulties between the two cultures were included in the scale on a separate column.

The scales tapped a variety of dimensions thought to be relevant indicators of degree of ethnicity. Both behavioral and attitudinal dimensions are included in the scale. The cultural index consists of fourteen components in the third section of the questionnaire and follows a Likert format. Individual items were scored the same as level of adjustment, from one to six and the summed item score yielded the cultural attitude total score ranging from one to 42 for traditional Korean and one to 42 for American values. The lower the score, the greater the degree of presumed attachment to one culture. The two cultural items were scored separately.

Personality (Part IV)

The third variable computed was personality characteristics (Part IV). It was assumed that the psychological well-being of the respondent as a consequence of a high level of adjustment corresponded with certain personality characteristics and personal ability in relation to acculturating.

Following the conceptual discussion of the personality traits involved in one's adjustment in the new environment, the assessment scale was constructed to measure the strength of the individual's positive/negative traits. The personality identity scale consisted of twelve items in the questionnaire (Part IV) and followed the Likert format.

Construction of the personality identity scale was mainly based on the discussion of the conceptual issue. In addition, previously developed scales were searched and vigorously reviewed. The following literature was utilized to construct the scale: (a) *Personality Traits, Classification and Measurement* (Allport and Allport, 1921), (b) *Handbook for the Sixteen Personality Factors Questionnaire* (Cattell and Eber, 1957), (c) *A Quantitative Rorschach Assessment of Maladjustment and Rigidity in Acculturating Japanese-Americans* (Devos, 1955), (d) *Fully Functioning Personality* (Hayakawa, 1956), (e) *Japanese-American Personality and Acculturation* (Caudill, 1975), and (f) *Resistance to Acculturation* (Maslow, 1951).

The scale previously developed (Caudill, 1952) consisted of 58 items using basic Japanese ethnic qualities.The scale tapped a variety of dimensions thought to be relevant indicators of degree of ethnicity, including family and social relationships, cultural values, sex role, in relation to personality. In keeping with the goal of this study, a few scales were selected, revised and reorganized.

Throughout the development of the questionnaire, several social science specialists (psychologist, psychiatrist, sociologist, social worker, physician researchers who hold Ph.D.'s and work in colleges and hospitals) have been consulted for its reliability, validity and appropriateness of this scale.(See Footnote 1)

The scale consisted of 28 items originally, and, then after evaluation and consultation, the final nineteen items were selected.

These scales were found to have an internal consistency and reliability at .86 using the formula for coefficient alph (Nunnally, 1967). Correlation coefficients of individual items with the total score for each subject were computed. Significance at the .05 level was achieved for twelve of the nineteen items. Based on the evaluation, a final version of the scale was then selected to constitute the personality identity scale.

The questionnaire consisted of the twelve behavioral sets including two types of format. The first set of six scales measured positive characteristics of personality described in the previous chapter, conceptual issue. These characteristics include flexibility, openness to new experiences and learning, assertiveness aspiration and ambition.

The second set of the measurement consisted of six negative behavior specific items that cross check the first six scales such as rigidity, obsessiveness, closeness, impatience, competitiveness and anger. The behaviors are not obviously psychopathological and reflect strong personality influences. The attribution of pathology to these behaviors, then, is seen as a function of an individual's adjustment to his/her environment.

Individual items for the both sets were scored from one to six and the summed item score yielded personality identification scale with a total score ranging from one to 36. For the first set of the items, the lower the score, the greater the degree of presumed positive identification of a healthy and adjustable personality. For the second set of the scale, the higher the score, the greater the degree of presumed positive identification.

In addition to the personality identification scale items this section included two more items (11, 12) to measure overall relationships with other characteristics. These items inquired about the characteristics of introvert and extrovert types of personality.

The purpose of this section of the questionnaire was to assess more distinctive aspects of personality traits. The measured score and the individual items were computed with other variables in this study such as cultural value, attitude, utilization and level of adjustment.

Attitude Toward Mental Health Problems (Part V A and B)

Part V was composed of four sections (A,B,C and D). Section A measured attitudinal issues on problem, service and coping mechanism, Section B, external bariables, section C, problem identification and section D, utilization.

The item of general attitude toward mental health concerns and services (Section A) was composed of nine scales on a composite index- attitudinal, behavioral and perceptual components. These individual items were scored from one to six, and the summed item score yielded the attitudinal score total rangeing from one to fifty four. The higher the score, the greater the degree of presumed negative attitude. This score was compared by the items of the conditions of seeking professional mental health service in the same section.

The constructinn of these scales was based on some of the prebiously developed scales for similar studies (Chen, 1976; Gurin, et al, 1960; Okano, 1978). They were developed from a large pool of items devised by the investigator following a review of questionnaires and interview schedules concerned with mental health attitudes.

The original item pool was reviewed by the previously mentioned panel of consultants and the pilot testing was conducted with twenty four items. These items were checked for content and clarity. Following revision, it was evaluated and deemed acceptable by the original panel as the basis for the final set of items.

The problem identification questionnaire (Section C) was composed of nineteen items which inquired into a variety of health concerns. The first part of the questionnaire was derived from general information of life events for medical diagnosis. The items' checklist sought to determine whether or not the individual was exposed to problems such as health, job, income, marriage, children, elderly members of the family, loneliness and dissatisfaction with oneself.

The second part of the questionnaire (listed under the same heading with items of general health) was constructed to measure psychosomatic indices. The items were originaly developed by Huey (1976) to measure psychosomatic symptoms at inpatient treatment centers, The items were modified for the validity of this study. All the items asked whether the individual has previously sought help. The underlying premise was to find utilization patterns depending on the kind of problem. Another important aspect of the items was the assumption that certain stress and tension generated by the acculturating process might induce psychosomatic symptoms. A previous study (Tinloy,1976) found that most of the population of Asian-Americans minimize, or deny looking or recognizing the issue. The items, therefore, were dealt with carefully.

The items to measure institutional variables(Section B) related to conceptual hypotheses consisted of six major parts with seventeen sub-items. The questionnaire included questions about perceived barriers to obtaining services such as lack of information and knowledge of mental health services, language, cost, transportation, discrimination hardship to earn a living, ignorance of self-needs, preference of service provider, the mode of service, preference for setting of service and factors to make service delivery more convenient for the respondent were also included. The last part of this section was open-ended and the individual was allowed to offer additional comments. This section of the questionnaire aimed to establish and develop alternative mode of service delivery for this population.

In this study subjects were not asked to identify personal mental illnesses or behavior described as mental illness. The rationale for asking about a mental health or emotional problem rather than an illness follows from the previous discussion regarding findings that the public commonly associates mental illness only with extremely deviant and violent behavior and there is a strong stigma attached to it. In order to create more subtle indicators of attitude, which was the goal of this section of the questionnaire, it was decided to move away from an illness set and to inquire about mental health problems. This type of assessment procedure especially with the extreme sensitivities of many Asian-American immigrant, may affect the type of response given, connotation of disorder then does illness.

This part of the instrument included an assessment of attitudes toward mental health problems, services, coping mechanism under seven major scales and 24 sub-scales. Each of the items in these sections related to one of these areas. The construction of each item varied from forced choice format to open-ended questions.

Utilization (Part V)

The last part of the questionnaire was designed basically to yield a measure of utilization. Following the conceptual issue and the hypothesis, this utilization scale was cross checked in Section C (problem basis) and Section D (professional institutions and service provider basis).

The item included knowledge/information of the available service resources and doublechecks with a corresponding item in the questionnaire, Part 6. The respondent was asked to check whether help was sought and what, if any, service was provided.

The construction of this utilization scale was designed by the investigator following review of previous survey questionnaires and after conferring with the same panel(Huey,1976;Kim, 191975).

The findings of previous studies indicated the underutilization pattern among Asian-Americans is a result of lack of information about the social system and service resources. These items, therefore, were handled with special interest.

Demographic Data

Part I of the questionnaire included ten personal information items which mainly tapped demographic variables such as age, sex, marital status, education (both in Korea and the United States), employment, number of members in family, generations living in the same household, income and length of residence in the United States and religious affiliation. Additional information requested concerned neighborhood racial balance, frequency with which respondents spoke their mother tongue and reasons for immigration.

A underlying assumption of the study was that cultural difficulties and style of living may positively vary toward cultural adjustment in relation to the length of residence, education, age, sex and so forth.

Some of the demographic items were modeled after similar ethnic social studies (An, 1979; Chen, 1976; Kitano, 1973; and Park, 1975). The demographic data was utilized in the computation of the correlation of various intra-sample variables.

Procedures and Administration of the Research Instrument

It was necessary to develop an alternate Korean language version of the questionnaire, since most of the new immigrants have very limited knowledge of English. This translation was done with special care and in consultation with numbers of the professional panel members amon the consultation team(see footnote).

Special attention was placed on the use of simple constructions and language characters since it was assumed that many of the immigrants were relatively undereducated persons with little or no experience in responding to research questionnaires. They would have had difficulty reading and understanding a complex construction of the instrument, and offended by questions which may hurt their pride. At the same time, it was important to maintain accurate correspondence with the original English version.

The data for the study was gathered during June 1981 by means of mail correspondence (110) and group administration of the questionnaire at the churches(118). The total questionnaires used in the study were counted 789. Except in a few instances, the research instrument was administered by the investigator in meetings held with established social/religious groups at churches and classrooms.

The individual churches were contacted and the ministers agreed to give full support for the study. It took a total of 20 to 30 minutes to complete the questionnaire. The initial contact with various church group was made to obtain the official approval of the minister to conduct the study. Contact with the ministers was again initiated before the actual data collection.

Individual and group meetings were held to explain the study, why it was done, and how the data would be utilized. Since each of the churches has a different social/religious climate and circumstances among the members, the ministers comments and suggestions were also solicited to insure cooperation and accuracy. In most instances, a series of meetings was held with each minister during the weeks preceding the administration of the instrument.

Another group sampled consisted of the Korean students(80) who participated in vocational/technical education programs at Catonsville Community College, Baltimore County, Maryland. The list of students of Korean ancestry was obtained from the various class lists at the registration office on the campus. The questionnaire and letter were mailed to these subjects with a stamped return envelope. All the completed questionnaires were anonymously filled out and returned directly to the investigator.

Group leaders of churches and ministers met to arrange the procedure. This pre-planning made it possible for the administration of questionnaires easily with maximum participation.

The announcement regarding the study was done by the minister in charge, and the investigator also addressed the congregation one week before its administration and also on the day of administration of the questionnaire during the service hour. Thus, each of the congregations was informed previously that the study would be conducted. Immediately following the service members of the congregation were invited to complete the questionnaires in the sanctuary or in areas specially designated for that purpose. The investigator and the ministers were present at each of the administration sessions to explain the nature of the study and the task of completing the questionnaires and to answer any questions which group members had.

The English version and the Korean version of the instrument were readied and the voluntary nature of completing the questionnaire was emphasized. There were a few exceptions to this. In these cases, the church policy, the length of service and circumstances of individual churches did not allow sufficient time for the questionnaire to be completed after the service.

Most of the ethnic churches met in the midafternoon due to rental space from existing community churches after their morning service. In these cases, a special announcement during the service was used to orient the subjects to the research and they were allowed to take the questionnaire home, either to return it to the church or mail it directly to the researcher by means of an addressed stamped envelope that was provided. A total of 228 subjects were sampled among seven hundred eighty nine sample.

Research Hypotheses and Method of Data Analysis

The theoretical framework for this research assumed that various behaviors are dependent upon or caused by other major background influences. The dependent and independent variables which form the theoretical framework for this study are suggested by the literature surrounding the subject.

The utilization of mental health and institutional services was hypothesized to be the result of a complex interaction of a set personality factors and circumstances. Yet, within this complexity, a certain pattern of direct and indirect influences are suggested. These influences are outlined in the following research hypotheses:

1. Utilization of services (both mental health and institutional) is primarily influenced by attitudes toward utilization. This relationship is moderated by the number of problems reported by the subjects and experiences a suppressor effect from the number of perceived barriers and the degree of Korean cultural values held by the subjects. The level of adjustment and personal adaptability influence utilization in an indirect manner. The set of demographic characteristics are not expected to be instrumental in influencing utilization.

2. Attitudes towards utilization is directly related to level of adjustment, American cultural values, and inversely to Korean cultural values. Attitudes towards utilization are also inversely related to the number of perceived barriers to utilization. Personal adaptability has an indirect influence on attitudes. Demographic characteristics have no effect on attitudes toward utilization.

3. Level of adjustment is directly related to personal adaptability and American cultural values. It is inversely related to Korean cultural values and is not related to demographic characteristics.

4. Personal adapatability is directly related to American cultural values, inversely related to Korean cultural values, and not related to any demographic characteristics.

These hypotheses, taken jointly state that, in effect, there is four step path of development which leads to the utilization of services. This path leads from 1.)personal adaptability to 2.)adjustment to 3.) a positive attitude toward utilization and then 4.) utilization itself if the service is needed. Utilization is then moderated by the existence of problems and suppressed by the perception to barriers to utilization. Along this developmental sequence the existence of development is supported by the existence of American cultural values and inhibited by Korean cultural values. At the final stage, utilization itself ,is not dependent upon culture but rather it is dependent upon having achieved a positive attitude toward utilization, derived from cultural attitudes.

The analysis of the data to confirm or disconfirm, these hypotheses was carried out through the application of path analysis. The path coefficients was estimated through the use of multiple linear regression where a separate equation was estimated for each of the five integral variables.

CHAPTER IV

STATISTICAL ANALYSIS

In order to discuss the study's finding, the results are organized in several sequences. First, the main body of data analysis are presented. The variables tested are the causal factors in relation to the dependent variables. These included major variables as well as demographic variables: (1) level of adjustment (X_6), (2) cultural value, (US X_8) (K X_9)(3) personality (X_7), (4) attitude and external variables (X_5)(X_4). All of the demographic items computed were education, years of residency, marriage, age, sex, income,and religious affiliation.

Following the data analysis of the above variables, general characteristics of the research subjects are provided based on demographic information. Finally, over-all research descriptions including subvariables are presented and analyzed.

Statistics Employed

Statistics used to test the hypotheses was path analysis. Path analysis is primarily a method of decomposing and interpreting linear relationships among the variables by assuming that a weak causal order among the variables is known a priori and the relationships among these variables are causally closed. While this method is used for testing a limited set of causal hypotheses, it was, in actuality, a method of working out the logical consequences of the two assumptions.

The first assumption, weak causal ordering, has as its intention the establishment of the direction of effect. That was, given a pair of variables X_i and X_j, one establishes weak order if it is assumed or known the X_i may (or may not) affect X_j, but X_j cannot effect X_i. This assumption, it must be noted, does not require X_i to be the cause of X_j. While causal ordering is not always unequivocal, the assumption of weak ordering appears to be tenable in a variety of research situations.

The second general assumption required for path analysis was causal closure. Causal closure has to do with the interpretation of the covariation between X_i and X_j. For example, given a bivariate correlation between X_i and X_j and a known weak causal ordering, the observed correlation may be due to solely the causal dependence of x_j on X_i, to their mutual dependence on some outside variable, or a combination of the two.

The central theme of path analysis was then the concept of causal effect. The notion of causation implies control , however, prediction of a particular kind. An operational definition of causation is that X_i is a cause of X_j if and only if X_j can be changed by manipulating X_i and X_i alone. The particularity here was the implication of possible manipulation. Thus predictions which did not imply the idea of producing changes are excluded.

The use of alone needs some elaboration. This does not imply that other causes of X_j are controlled or held constant. If X_i is changed or manipulated, it would bring about changes in other variables affected by X_i. These changes in turn may affect X_j. These changes in other variables should not be controlled when the effect of X_i on X_j is examined. They should, in fact, be included in the estimate of causality.

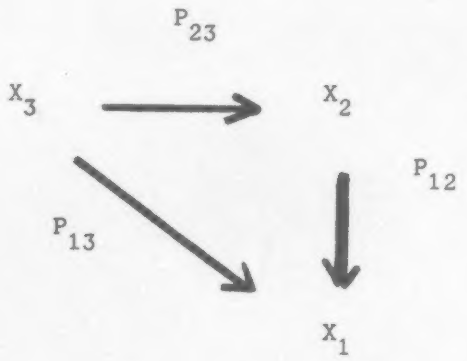
The foregoing definition of causation carries with it the suggestion that causal effects can be measured. This could of course be carried out in an ideal experiment. If this were done, then the linear additive and unidirectional causal system would give the relationship between the manipulated changes in X_i and the associated changes in X_j in the form $X_j = C_{ji}X_i$ where C_{ji} is called the linear causal effect coefficient. It gives the magnitude of changes in X_j for unit changes in X_i.

However, ideal experiments were rarely performed even under the rubric of experimentation, so one must measure causation under more realistic field conditions. The mechanism which first comes to mind was quite naturally linear regression or $X = a+bx$. The regression coefficient cannot be interpreted as an effect coefficient because it merely measures the expected differences on Y when two groups differ on X by one unit. However, the two coefficients (b and C) are equivalent if the assumptions of weak causal ordering and causal closure are met. If one interprets the regression coefficients as causal effect coefficients by explicitly making these assumptions, usually by way of a path diagram, then one is making a path analytic interpretation.

The hypotheses in this study would be tested by estimating the regression equations which represent a path analytic interpretation. This meant estimating an equation for each variable endogenous to the theoretical hierarchy in relation to the variables assumed to have causal effects on that variable. The significance of the regression coefficients was tested using a chi-square test of the logarithm of the ratio of unexplained variation. This unexplained variation was given as the complement of squared multiple correlation standardized by the appropriate degrees of freedom and well outlined in detail later.

The measurement of causality was carried out by examining and manipulating the regression, or path, coefficients obtained from the data. This examination is explained through the following example. Suppose the path diagram between X_1, X_2, and X_3 is given as:

TABLE A



Two regression equations were necessary to estimate the path coefficients P_{23}, P_{13}, and P_{12}. These are:

$$X_2 = P_{23} X_3 + X_2$$
$$X_1 = P_{12} X_2 + P_{13} X_3 + X_1$$

Where the P_{ij}'s are the estimated regression coefficients, now called path coefficients because a path analytic interpretation is being imposed. The e's are the error terms.

The interpretation of the results will be carried out in the following manner through arranging the results in a table.

TABLE E

Decomposition of Bivariate Correlation

Bivariate relation of concern	$X_1 X_3$	
A. Original Correlation	r_{13}	(ordinary correlation coefficient)
B. Causal Effect		
(1) direct	P_{13}	(regression coefficients)
(2) indirect	$P_{23} (P_{12})$	
Total Causal	$C_{13} = P_{13} + P_{23} (P_{12})$	
C. Noncausal	$= r_{13} - C_{13}$	

From this table, one can see that the causal effect (total causality) can be identified through the direct and indirect paths from the causal variable to the criterion. The measure of causal effect is merely the appropriate multiplication and addition of regression coefficients. The preceding methodological discussion was suggested by the work in the area and, in particular, by Duncan (1966) and Blalock (1970).

In relation to the particular hypotheses to be tested in this study, it will be helpful to first assign symbols to their description. There are 17 variables used in this study. They are:

X_1 = reported utilization of mental health professional

X_2 = reported utilization of institutional services

X_3 = Total problems in the U.S. as reported by respondents

X_4 = Total barriers encountered as reprted by respondents

X_5 = Attitude toward utilization of services as reported

X_6 = Adjustment scores derived from the questionnaire

X_7 = Personality adaptability score derived from the questinnaire

X_8 = U.S. cultural values as reported by respondents

X_9 = Korean cultural values as reported by respondents

X_{10} = Income

X_{11} = Total years of education

X_{12} = Years of education in U.S.

X_{13} = Years of residence in U.S.

X_{14} = Religion

X_{15} = Marital status

X_{16} = Age

X_{17} = Sex

Using these variables, five regression equations were estimated and tested. These are:

Table F

	Dependent Variable	Independent Variables
(1)	X_1	X_3 through X_{15}
(2)	X_2	X_3 through X_{15}
(3)	X_5	X_6 through X_{15}
(4)	X_6	X_7 through X_{15}
(5)	X_7	X_8 through X_{15}

Through these equations the statistical hypotheses derived from the research hypotheses can be tested. These statistical hypotheses can be stated as:

1. Demographic variables (X_8 through X_{15}) provide no causal effect on X_1, X_2, X_5, X_6 and X_7, i.e.

   Ho: $P_{ij} = 0 \quad i = 1, 2, 5, 6, 7$
   $\qquad\qquad\quad j = 8, \ldots, 15$

2. X_3, X_4, X_5, X_6, X_7 have an impact on X_1 X_2

   Ho: $P_{ij} \neq 0 \quad i = 1, 2$
   $\qquad\qquad\quad j = 3, \ldots, 7$

3. X_8, X_9 are not related to X_1, X_2

   Ho: $P_{ij} = 0 \quad i = 1, 2$
   $\qquad\qquad\quad j = 8, 9$

4. X_8, X_9 are related to X_5, X_6, X_7

   Ho: $P_{ij} \neq 0 \quad i = 5, 6, 7$
   $\qquad\qquad\quad j = 8, 9$

5. X_6, X_7 have a causal effect on X_5

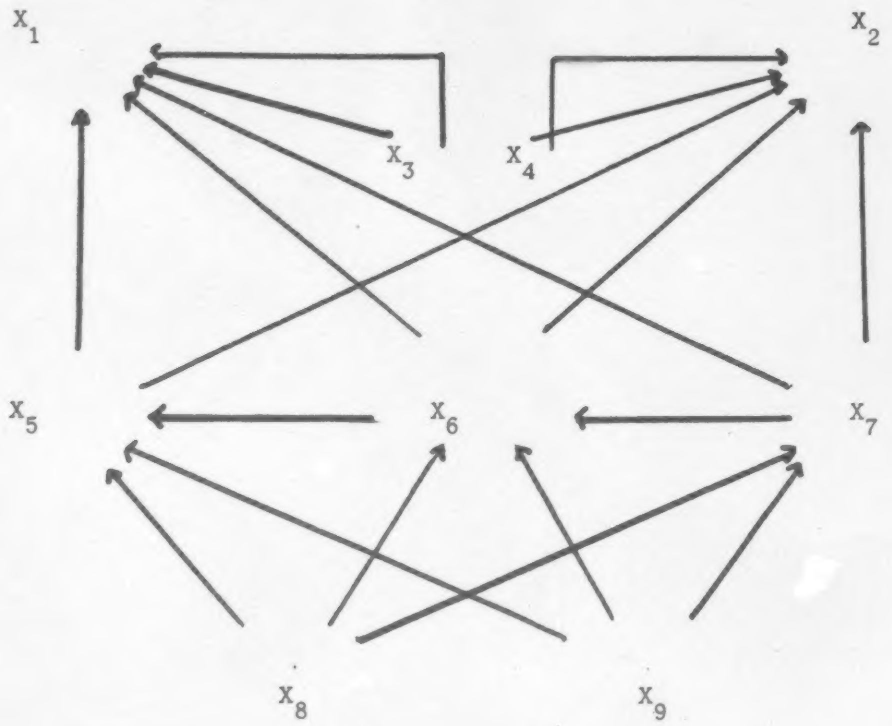
   Ho: $P_{ij} \neq 0 \quad j = 6, 7$

6. X_7 has a causal effect on X_6

   Ho: $P_{67} \neq 0$

The foregoing statistical hypotheses describe a path model which has the following configuration:

FIGURE 1



This diagram, then, outlines the direct and indirect causality among the variables.

As was mentioned before, the hypotheses defining the path model can be tested using a statistic which is distributed as Chi-Square (Dancan,1966). This statistic is a function of the multiple correlation coefficients representing the null and alternative hypotheses and symbolically shown as:

$$L = N\sum_{i} \log \frac{[(1-R^2_{ri})/d_{ri}]}{[(1-R^2_{fi})/d_{fi}]}$$

where

N = the total sample size

R_{ri} = the multiple correlation associated with the reduced model

R_{fi} = the multiple correlation associated with the full model

d_{ri} = degrees of freedom for the reduced model

d_{fi} = degrees of freedom associated with the full model

The degrees of freedom for the overall Chi-Square test are $\Sigma d_{ri} - \Sigma d_{fi}$. When one or more terms in the statistic include no reduced model, i.e. full model is the same as the reduced model, then there is no need to calculate that term because $\log 1 = 0$.

Results

The hypotheses stated above were tested in two ways; in blocks of variables when the situation is clear and in the stepwise manner when it is not. The regression subprogram in the Statistical Package for the Social Sciences (Nie, et al, 1975) was used to perform the calculations. The first analysis tests the absence of demographic influence (Hypothesis 1). These results are given in Table 99. From these results, it is seen that the demographic variables have no impact in all equations except Equation e where the dependent is "Attitude Toward Utilization." Thus the hypotheses concerning demographic variable is largely supported. In relation to the errant equation, since the contributions of all of the independent variable is unclear, was reanalyzed using stepwise inclusion. Stepwise inclusion chooses the independent variable most related to the dependent variable at each step and enters it into the equation if it passes a test for inclusion (i.e. makes significant contribution in explaning the variance). This test is an F-test which was set at a .05 level of tolerance for inclusion. The result of that analysis is given below:

Rsulting equation

X_5 with X_6, X_7, X_9, X_{13}, X_{16}

$R^2 = .316$, df: 5 and 222

Compared to the Full Model:

Chi-Square = 2.861

with df = 11

(not significant)

Thus, this equation essentially explains as much variance as the full equation. In doing this, the results reject the null hypotheses of no demographic influence and cultural influence (i.e. U.S. cultural values is insignificant). The existence of this equation also denies the hypothesis that perceived barriers have an inverse relationship with attitudes toward utilization.

In the place of performing many piecewise equations, the remaining four equations were estimated by using the stepwise algorithm with

TABLE 99

Demographic Variables

Equation (1)

X_1 with	Full Model	
$X_3, \ldots, X_{15}$	$R^2 = .219$	Regress df = 19 Residual df = 208
X_8, xxx, X_{15}	Restricted Model	
Removed	$R^2 = .189$	Regress df = 7 Residual df = 220

Chi-Square = 5.293 (NS)
df = 12

Equation (2)

X_2 with	Full Model	
$X_3, \ldots, X_{15}$	$R^2 = .091$	Regress df = 19 Residual df = 208
$X_8, \ldots, X_{15}$	Restricted Model	
Removed	$R^2 = .042$	Regress df = 7 Residual df = 220

Chi-Square = 1.917 (NS)
df = 12

Equation (3)

X_5 with	Full Model	
$X_6, \ldots, X_{15}$	$R^2 = .358$	Regress df = 16 Residual df = 211
$X_{10}, \ldots, X_{17}$	Restricted Model	
Removed	$R^2 = .185$	Regress df = 4 Residual df = 223

Chi-Square = 41.790 (*)
df = 12

TABLE 99 (cont'd)

Equation (4)		
X_6 with	Full Model	
$X_7, \ldots, X_{17}$	$R^2 = .195$	Regress df = 15 Residual df = 212
$X_{10}, \ldots, X_{17}$	Restricted Model	
Removed	$R^2 = .126$	Regress df = 3 Residual df = 224
	Chi-Square = 6.197 (NS) df = 12	
Equation (5)		
X_7 with	Full Model	
$X_8, \ldots, X_{17}$	$R^2 = .242$	Regress df = 14 Residual df = 213
	Restricted Model	
	$R^2 = .178$	Regress df = 2 Residual df = 225
	Chi-Square = 5.985 (NS) df = 12	

NS = not significant at the .05 level of significance.

* = Significant at the .05 level.

demographic variables removed. The tolerance level in all cases was .05 for the F-test to enter. The results are given in Table 101.

The results in Table 100 confirm some hypotheses and deny some others. In relation to the "Utilization of Institutional Services" the hypothesis of no cultural causation, either U.S. or Korean were upheld. However, the relationship with "Total Barriers," "Attitude Toward Utilization," "Adjustment," and "Personality Adaptability" was denied. The only variable which showed a significant relationship was "Total Problems in U.S."

For the "Utilization of Mental Health Professionals," the hypothesis of cultural impact was denied because "U.S. Cultural Values" was shown to be significantly related. The hypothesis of a relationship to the dependent variable of "Total Barriers" and "Total Problems on the U.S." was confirmed. However, "Attitudes Toward Utilization" was found to be not significant, so the hypothesis in that group was not supported by the data.

The hypotheses concerning Level of Adjustment as a dependent variable are largely confirmed. It is significantly related to Personal Adaptability and American Cultural Values. The data, however, did not support an inverse relationship between Level of Adjustment and Korean Cultural Values.

The last equation estimated entirely supported the assertions about Personal Adaptability. American cultural values were found to be significantly related to the dependent on a positive sense while Korean cultural values were significant in an inverse sense.

The results of the analysis generated five equations each of

TABLE 100

Final Equations

Equation (1)

Full Model: X_1 with X_3 to X_7

$R^2 = .189$ df = 7,220

Restricted Model: after stepwise inclusion, X_1 with X_3, X_4, X_6, X_7, X_8

$R^2 = .187$ df = 5,222

Chi-Square = 1.502 (NS)
df = 2

Equation (2)

Full Model: X_2 with X_3 to X_7

$R^2 = .091$ df = 7,220

Restricted Model: after stepwise inclusion, X_2 with X_3

$R^2 = .042$ df = 1,226

Chi-Square = 5.836 (NS)
df = 6

Equation (4)

Full Model: X_6 with X_7, X_8, X_9

$R^2 = .126$ df = 3,224

Restricted Model: after stepwise inclusion, X_6 with X_7, X_8

$R^2 = .115$ df = 2,225

Chi-Square = 1.836 (NS)
df = 1

Equation (5)

Full Model: X_7 with X_8, X_9

$R^2 = .178$ df = 2,225

Restricted Model: after stepwise inclusion,
Same Model: X_7 with X_8, X_9

which explained significant amounts of variation in the respective criteria. These equations were found to have the following coefficients:

Equation (1)

$$X_1 = .329X_3 + .133X_4 + .132X_6 + .123X_7 - .200X_8$$

Equation (2)

$$X_2 = .140X_3$$

Equation (3)

$$X_5 = .125X_6 + .208X_7 - .307X_9 + .143X_{13} = .181X_{16}$$

Equation (4)

$$X_6 = .201X_7 + .193X_8$$

Equation (5)

$$X_7 = .297X_8 - .198X_9$$

These equations represent the path model which emerged from the data. The remaining question is; do these equations, taken simultaneously, explain a siginificant amount of the variation in the system. This is tested by using the statistic, described earlier, which has a Chi-Square distribution. If the value of the statistic is significant when the contribution of all equations is tested against zero multiple correlation co-efficients, then it can be concluded that this model satisfactorily explains the data. This test summed across the five equations, produced a value for the statistic of 193.868. Comparing this to the .05 critical value in the Chi-Square table for 15 degrees of freedom which was 24.996. It is concluded that the path model significantly explains the variation in all of the dependent variables in a joint manner.

Characteristics of Research Subjects

In relation to Chapter lV on the research subjects, the characteristics and distribution of the sample by specific category are provided. There were 228 subjects in the study, 148 respondents from five ethnic churches in the Baltimore-Washington Metropolitan area and 80 students participating in the College Vocational Program at Catonsville Community College. Only two subjects were of second generation. Consequently, all the instruments used in the study were the Korean translation version, although both were available.

As is seen in Table 1, demographic characteristics of the subjects are detailed , and subjects not falling into any specific categories are omitted.

Age: Table 1 shows that the distribution of sexes is equally represented. The respondent's age range was quite widely spread, from 15-81 years old with the largest concentration of subjects, falling between ages 32 and 42, 69.8 percent of total subjects. The mean age of the sample was 40.5 years with a standard deviation of 13.5. These wide ranges of ages would reflect a large sub-immigration generation group who came along with their younger children and who are the major group found in ethnic churches. This sub-genrational group represents an extended family system in the traditional culture of the respondents, and this is also identified in section of the questionnaire dealing with reasons

Table I-1

Characteristics of the sample

Variable	Frequency	Percentage	Total sample (N=228)
Sex			
Femail	111	49.8	
Mail	112	50.2	
Total	223	100	
Marital status			
Married	179	82.5	
Single	30	13.8	
Separated	2	0.9	
Divorced	3	1.4	
Widower	3	1.4	
Total	217	100	
Religious affiliation			
Christian	205	94.5	
Buddlist	4	1.8	
Confucian	2	0.9	
None	6	2.8	
Total	217	100	
Employment			
Full time	113	63.6	
Part time	14	6.7	
Unemployed	61	29.2	
Not listed	20	0.5	
Total	208	100	
Income			
None	70	30.7	
10,000	48	21.1	
11,000-15,000	28	12.3	
16,000-25,000	42	18.4	
26,000-	40	17.5	
Total	228	100	

Number of generation

1	128	56.1
2	43	18.9
3	8	3.5
Total	179	78.5

Reason for immigration

Education for children or self	57	25.0
Economic reason	4	1.8
Better and stable life	29	12.7
Freedom and equality	8	3.5
To live with other family member	29	12.7
Other	15	6.6
Total	142	62.3

Table 1-2

Age

20	12	5.8	
21-30	37	17.8	
31-40	71	34.1	
41-50	47	22.6	
51-60	19	9.1	
61	22	11.6	
Total	208	100	
Mean			40.5
Standard Diviation			13.5

Education in Korea

None	15	6.6
Elementary	11	5.2
Middle school	19	8.9
High school	55	25.8
College	101	47.4
College	25	12.7
Total	226	100

Mean			14.0
Standard diviation			6.6

Education in U.S.A.

None	116	70.6	
1-2	23	10.2	
3-4	27	11.8	
4-6	10	4.3	
7-	7	3.0	
Total	183	100	
Mean			
Standard diviation			

Years of Residence in U.S.A.

1-2	43	21.7	
3-5	41	20.7	
6-10	91	46.0	
11-15	18	9.1	
16-	5	2.5	
Total	188	100	
Mean years			5-6

Number of family

1-2	32	15.1	
3-4	101	47.9	
5-6	63	29.8	
7-8	6	2.8	
9-	9	4.3	
Total	211	99.9	
Mean			4.2
Standard diviation			1.7

Korean spoken at home

Always	139	73.6
Occaisional	34	17.8
Rare	16	8.4
Total	189	99.8

Mean	1.9
Standard diviation	1.4

Note: Figures relating to total sample may differ due to missing responses.

for immigrants.

Family:

Most (82.5 percent) of the subjects in the sample were married; only three respondents reported being divorced, and only two indicated they were separated. The respondent households ranged in size from 1 to 9 persons, although over 77. 7 percent identified 3 to 6 people in the same household. This reveals that the majority of the respondents have children or live with other members of the family as compared with the percentage of reported single subjects (13.8) Over 36.9 percent of the total sample reported living with more than five people in the same household. The mean of mumber family in a household is 4.2 and the standard deviation 1.7. Most respondents over age 51 were either grandparents or parents of the host immigrants (20.7); this indicates a relatively large number of extended failies.

Education:

As was discussed in the previous chapter on conceptual issues of the population, the educational level of the subjects was found to be high. Over three quarters of the subjects had gone beyond high school in Korea (85.9 percent), and well over half of the sample (60.1 percent) had gone beyond college in Korea. About 29.0 percent of the respondents have had some education in the United States. The mean level of education of the respondents was above high school (14.0) and the standard deviation 6.6.

Employment:

A significant number of respondents reported being unemployed (29.2 percent) and with no income (30.7). This statistic reflects a number of older sub-group immigrants and housewives in the research sample.

Religion:

In regard to church affiliation, most of the respondents identified themselves as being Christian (94.5), although les than two thirds of the total sample were drawn of church population(64.9 percent). These facts suggest that many immigrants affiliate with churches because religious institutions are often the only viable ethnic and cultural organization available, and are used for social gatherings as well.

Residency:

In regard to residence in the United States, the majority of the subjects (50.1 percent) reported that they have lived in United States less than six years. Most of the respondents were identified as immigrants who came to America after the abolition of restrictive immigration law in 1965. A few respondents (2.5 percent) reported themselves as coming to the United States before the mass immigration started, while two subjects indicated they were born in the United States.

Generation:

The concept of multi-generations within the household seemed quite difficult for most of respondents to understand. Therefore, many subjects did not respond to the question and only 22.4 percent of the sample identified themselves as living with more than two generations in the same household.

Cause of migration:

Many respondents did not identify their reasons for coming to the United States (36.4 percent). The largest category indentified education for their children or themselves as their reason for immigration (24.0 percent). Next largest numbers indicated that stability and a beter way of life (12.7 percent), and the opportunity to live with other family members (12.7 percent) as their motives for immigration to this country.

Over-all Research Analysis

Table 6 shows obstacles perceived by respondents in obtaining any kind of social and mental health service. Although there were many missing respondents in the overall Sample(mean percentage among nine items is 86.2), severe language problems were identified (29. 3 percent) as the most severe problems they anticipate in seeking help. The next barrier was identified as l lack of information and strangeness of social system (22. 3 percent). This reveals that they are not familiar with the new society and its structure as well. Their old traditional cultural experience apparently was much different from their present culture. These facts suggest that some anxiety-generating events would exist within the community.

Table 6-1

External Barriers of Seeking Help

Have you found any of the following to be barriers in obtaining any kind of services?

Barriers	Frequency	Per-centage
Not knowing where to get help	32	12.5
Not knowing what service are provided by mental health worker	25	9.7
Language problem	75	29.3
Cost of service	25	9.7
Lack of transportation	23	8.9
Discrimination of the system	11	4.3
Too busy working and earning a living	27	10.5
Not knowing what I need	38	14.8
Total	256	100

Note: Subjects not responded are omitted

These result of high rate missing respondents on the items was statistically proved as a cause of not seeking help from outside. As consequence, those who sought help encountered with barrier.

Discrimination barriers in receiving the service were reported by relatively small percent, although respondents indicated strong feelings of discrimination against them (Table 10-1). These reports would suggest that the population has a strong will to survive in spite of the discrimination they feel living in the American society.

Table 6-A identified personal problems of respondents. These questionnaires were designed to identify problems related to two areas: immdiate survival problems and psychological symptoms. Psychosomatic problems were reported more often than those of immediate survival. The mean score (number of respondents on each area of problem) for survival needs was 32.0, while psychosomatic indices reported 40.3. This difference indicated that the life change accompanying migration leads to depression and high stress level.

Table 9 indicates the respondent's concept of mental health problems in relation to professional help. The questionnaire assessed this factor through an open-ended question. A large majority of the over-all sample did not respond to the item (69.3 percent). as indicated in Table 9, more than one-half of the subjects responding had no clear knowledge of the nature of service provided by the mental health workers. It should be noted that respondent's tradition-

Table 6-2

Summary of Identified Problem Area

Items	Frewuency	Per-centage	No. of help sought	Mean
Health	48	7.47	1	
Job	35	4.9		
Income	35	4.9	1	
Marriage	26	4.0	1	
Children	27	4.2	1	
Older member of the family	21	3.3	2	32.0
Loneliness	65	10.1		
Being dissatisfied with self	63	9.8	1	
Headache	50	7.8		
Indigestion	53	8.3		
Loss of energy	27	4.2		
Loss of concentration	46	7.2	1	
Thinking slowed	58	9.0	1	
Loss of appetite	37	5.8		
Weight loss without diet	19	2.9	1	

Table 6-2 Continued

Sucidal ideas or death wish	8	1.2	1	
Cry easily	17	2.6	2	
				40.27
Other	7	1.1	2	
Total	642	100	15	

Note: Non-responding subjects omitted in calculation.

Table 9

Concept of Mental Health Service

For what kind of problem would you seek professional mental health worker?

	Frequency	Per-centage
Difficult problem	11	18.3
Craziness	5	8.3
Family problem	9	15.0
Physical problem	15	25.0
Emotional/religious/ spiritual	8	13.3
Loneliness	9	15.0
Legal	3	5.0
Total	60	100

Note: Missing responses are omitted.

al culture over-emphasizes the medical professioal as one that can be turned to for physical and mental problems as well. Table 9 indicates that 25.0 percent of respondents believed ironically that one would seek out a mental health professional for physical problems.

Responses to the item concerning discrimination in the society appeared to establish this as clear fact. More than 89.3 percent (Table 10-1) of the total subjects believed that there is apparent discrimination in the society, while 10.7 percent of the subjects disagreed. These findings would indicate that the survival struggles and discontents among the population were coused by their own feelings of discrimination and traits that they perceived society labelled unacceptable.

Respondents were asked if they think that talking with someone about a personal problem could be helpful. Table 10-2 indicates that 69.8 percent of the total respondents thought talking with someone would be helpful.

Nevertheless, a majority of the respondents reported that they would only seek professional help as a last resort or never seek this type of service (Table 10-5). These attitudes may represent the strong social stigma they attach to mental health services and the fact that they would rather talk to friends or family members (Talbe 8-1).

Concerning the question (Table 10-3) about whether they sometimes felt the need for mental health counseling, one-half of respon-

Table 10- 1,2,3,

Overall Sample Response to Selected Questions

Variable	%	SA	A	ND	MD	D	SD	Total No	M	SD
1. Feelings of discrimination in the society	N	53	70	53	11		10	197		
	%	26.9	35.5	26.9	5.6		5.1	100	2.3	1.2
2. Feelings of effectivenes effectiveness of talking to professional	N	65	42	41	14	20	30	212		
	%	30.7	19.8	19.3	6.6	9.4	14.2	100	2.8	1.7
3. Mental health counselin counseling needs for self	N	38	12	17	17	14	101	199		
	%	19.6	6.0	8.5	8.5	7.0	50.2	99.8	4.3	2.0

Note: subjects not responded are omitted in calculation.

Fifures relating to total sample may differ due to the missing responses.

Table 10 - 4

Perception on Problems of Other

Do you think many Asian immigrants have mental health problems ?

	Frequency	Per-centage
Yes	172	84.3
No	7	3.4
Not sure	25	12.2
Total	204	100

Note: Not responded subjects are omitted.

Figure relating to total sample may differ due to missing respon responses.

Table 10- 5

Conditions of Utilization

When would you seek the help of professional mental health worker such as a psychiatrist and psychologist?

As one of my first choices	32	16.8
Try other sources first	63	33.2
Only as a last resort	57	30.0
Would never seek such help	38	20.0
Total	190	100

Note: Subjects not responded are omitted in calculation.

Table 8-1

Alternative Resources in U.S.A.

If you had one or more of the problems listed below, to whom would you go to seek help in USA and to whom in Korea?

Variable	Parents	Friend	Relative	Spouse	Medical doctor	Psychiatrist	Psychologist	Social worker	Minister	Total %
Marriage disruption	12.6	14.2	4.7	17.3	0.8	8.7	7.1	0.8	33.5	99.7
Anxiety,worry and tention	12.0	15.8	3.8	24.11	1.5	6.0	7.5	1.5	27.8	100
Problems with children	10.0	10.0	4.2	26.7	2.5	5.0	10.0	0.8	30.8	100
Bizarre behavior	8.0	28.6	2.7	23.2	3.6	13.4	5.4		15.2	100
Strange thought	5.2	20.7	2.6	13.8	11.2	22.4	10.3		13.8	100
Alcoholic	5.7	5.7	2.5	9.8	46.7	18.9	1.6	0.8	8.2	99.9
Drug abuse	5.9	4.2	2.5	10.2	52.5	14.4	3.4		6.8	99.9
Total calcultion by resources	59.4	99.2	23.0	125.1	118.8	88.8	45.3	3.9	136.1	

Note: non-responding subjects omitted in calculation.

Total calculation by resources indicate overall frequencies.

Table 8-2

Alternative Resources in Korea

Variable	Parents	Friend	Relative	Spouse	Medical doctor	Psychiatrist	Psychologist	Social worker	Minister	Total %
Marriage disruption	37.7	22.4	3.3	9.8		2.2	6.6		18.0	100
Anxiety,worry and tention	25.4	27.7	4.0	18.6		2.8	3.4		16.4	100
Problems with children	22.6	8.8	5.7	25.8	o.6	3.8	11.3	1.3	20.1	100
Bizarre behavior	12.7	32.7	2.0	17.3	3.3.	10.0	6.0	0.7	15.3	100
Strange thought	6.1	26.5	0.7	16.3	4.8	22.4	8.2		15.0	100
Alcoholic	4.6	8.6	1.3	11.3	45.7	14.6	4.0	1.3	8.6	100
Drug	6.6	5.3	0.7	11.9	53.0	13.9	2.0		6.6	100
Total calculation by resources	115.7	132.0	17.7	111.0	109.1	69.7	41.5	3.30	100	

Note: Non-responding subjects omitted in calculation.

Total calculation by resources indicate overall frequencies.

dents reported that they have never felt the need for such service (50.2 percent). Ironically, the great majority of the respondents (84.3 percent) viewed other immigrants around them as having mental health problems and needing professional help (Table 10-4). Only 3.4 percent of the respondents thought that they did not see the need in others.

These data suggest that there are prevailing problems among the community as well as among the respondents, although the respondents themselves deny this.

Table 10-5 indicates that 50.0 percent of the total subjects would seek professional mental health counseling only as a last resort or would never seek such help, while 32.3 percent would try other sources first. Relatively small numbers of respondents claimed that they would think of seeking help from professionals as a first choice (16.8). These figures indicate why there were strong underutilization patterns (Table 7-1) appearing in the study.

Table 8-1 was designed to identify the kind of resources respondents utilized as an alternative help system. The table categorized support systems, family member, friend, and professionals. According to the kind of problem, the respondents were allowed to check one of the help systems that they would go to for help in the United States and in Korea.

The table indicated significant potential resources within the family as well as for friends regardless of the nature of the problems. Contrarily, the same resources tended to decline as the respondents transplanted themselves into the United States. Nevertheless professional resources did not appear to be significantly utilized . This indicated that the resources become less utilized as they removed themselves from the traditional culture, which might in turn limit coping mechanisms and generate extensive frustration.

Over-all potential utilization, regardless of the nature of the problem and geographical location, identifies the most popular resources as spouse and minister about equally and then friend, medical doctor and parents. The least favorable perceived resources were professional, particularly social workers, and then relatives.

The item on Table 11-1 served to investigate respondent's expectations of help from mental health professionals. Fouty five percent of respondents indicated that they want a directive approach by the helper, which would tell them to decide what to do, while forty six percent expressed the desire to receive advice and help to make their own decision. The difference between the two groups is not significant.

Table 11-2 indicates respondent's preference of institutional setting of delivery system. The item indicated four different settings of service: educational institution, medical and hospital treatment, and community social service. The majority (57.6 percent) of respondents agreed strongly on the educational model (Mean 2.1), and the next strongest preference was identified as social service model(mean 2.0). The hospital treatment was identified as the least favorable model among the three (mean 2.6).

Regarding the preference of service provider, 117 of the

Table 11-1

Mode of Treatment

If you go a mental health worker you want him:

To tell you what to do	Per-centage
to tell you what to do	44.9
to advise you or help you to make your own decision	46.5
not sure	8.1
other	0.5

Note: Non-responded subjects ommitted in calculation.

Table 11-2

Preference of Service Organization

		SA	A	ND	D	MD	SD	TOT	M	SD
Preventive education on college Compus	N	76	25	11	2	6	7	130		
	%	57.6	18.9	8.3	5.3	4.5	5.3	100	2.0	1.5
Hospital treatment	N	34	17	18	3	7	11	90		
	%	37.8	18.9	20.0	3.3	7.8	12.2	100	7.6	1.7
Community service center	N	64	21	8	4	2	4	103		
	%	62.1	20.4	7.8	3.9	1.9	3.9	100	2.0	1.5

Note: Sample total varry due to omitted responses.

Table 11-3

Preference of Worker

Want service provider to be Korean	N	117	8	13	1	1	1	161		
	%	72.7	5.0	8.1	0.6	0.6	13.0	100	1.9	1.7

Note: Non-responding subjects omitted in calculation.

total subjects (85.8 percent) identified Korean ancestry professional worker would be expected to help them. Only 13.0 percent of respondents showed unfavorable response or felt a helper of Korean extraction was unnecessary.

Respondents were asked in an open-ended question, that if they needed mental health service, what changes in the present mental health delivery system would make it easier for them to seek the help. Table 12 indicates that the majority of subjects would like to see the communication barrier removed by using interpreter, Korean service provider or Korean community service organization (62.4 percent). These results appears consistent with the findings in Table 6, identifying barriers of seeking mental health service.

Another suggestion of the Table is apparent ignorance among the respondents regarding the service delivery system. They indicated that they want to be better informed about the type of service that they need, or where and how they can be helped (27.6 percent). These results are identical with findings in relation to the barriers of seeking help (Table 6).

These Findings, in general, indicated that Korean-American attitudes toward utilizing mental health services were generally favorable when the services had bilingual/bicultural Korean mental health workers. Treatment seems difficult if therapist and client cannot communicate in a common language based on shared cultural values. In such a case the cultural background of the therapist, as Tinloy (1978) concluded, may be so different from that of the client

Table 12

Needed Change for Potential Utilization

If you needed mental health help, what changes in the present mental health delivery system would make it easier for you to seek the help?	
Provide Korean worder, interpreter or service in Korean Center	62.4
Provide better information system for services and how and where	27.6
Lower expense	1.2
Understanding foreigners better with less discrimination and stereotyping	1.2
Do not know	7.2
Total	100

Note: Non-responding subjects omitted in calculation.

that both the therapist's and the client's perceptions can be distorted , and the style of treatment may be more harmful than helpful.

CHAPTER V

DISCUSSION

The taskes selected in this study were to gather baseline information on factors associated with the patterns of general social adjustment of Korean-Americans, especially in relation to mental helth service utilization. Related goals of this study were to clarify how these variables interact with the exhivited utilization pattern, and identify other correlational variables that may exist in help-seeking paterns.

The study was designed to measure several possible hypotheses.The major potential interacting causal variables in the hypotheses were level of ajustment,cultural values, personality,attitude and envirornmental factors by assuming correlation for each variable endogenous to the hierarchy in relation to utilization.

Variables tested as independent factors were supported by most of the hypotheses of the study except attitude, and found a significant path correlation coefficients.

The question of how relevant and significant this information would depend on the nature of the designated samples of the population, the data collection procedures, and the reliability and validity of the tool used for this study. Therefore, the hardness of the data reviewed is somewhat less than perfect due to the forementioned factors.

Statistical Findings

Personality Factors

Personality adaptability among the respondents appears to be affected directly by their U.S. cultural values. That is strong U.S. cultural valural values resulted in high personality adaptability, while weak U.S. cultural values limited personality adaptability. The correlation coefficient presented were (r) .297 (Table 105).

TABLE 105

Decomposition of Bivariation Correlation
Personality Adaptability (X_7)

Bivariate relation of concern	PF,USCV X_7, X_8	PF, KCV X_3, X_9
Original correlation	.382	-.327
Direct causal	.297	-.198
Indirect causal	0	0
Total causal	.297	-.198
Non-causal	.085	-.129

Note: Symbols assigned to describe the variables.

MHS utilization = X_1
IService utilization = X_2
Identified Problem = X_3
Barrier = X_4
Attitude Toward Ser = X_5
Level of Adjustment = X_6
Personality Factor = X_7
U.S. cultural V = X_8
K cultural V = X_9
Years of Residence = X_{13}
Age = X_{16}

Korean cultural values had direct negative correlation to personality adaptability. Strong Korean cultural values caused apparent low adaptability in personality, while weak cultural values contributed to high personality adaptability. **Korean culture affiliation seems to promote** a high degree of close and rather rigid conformity to traditional Korean society's values. Rigidity defined in DeVos study (1955) is an habitual tendency toward inflexibility in perception and execution of behavior as a means of avoiding anxiety. Rigidity is also conceived (Swrey 1963) as characteristic of people who cannot react freely to new situations.

The over-all results on the personality scale fielded significantly negative scores on items of flexibility and adaptability. These suggested that may respondents had a limite ability to adjust to the new culture. Correlation coefficients reported (r) -.198 (Appendix Table 4 and Table 105).

Level of Adjustment

Table 103 presents the relationships between level of adjustment and U.S. cultural values. U.S. cultural values contribute directly to level of social adjustment and indirectly through personality to social adjustment.

Strong U.S. cultural values indicated a high level of social adjustment, while low U.S. cultural values indicated low adjustment. The table indicates correlation coefficients (r) .253.

Contrarily, Korean cultural values had an inverse correlation to level of adjustment. It contributed indirectly through personality. Strong Korean cultural values affected personality negatively, whereas weakness in Korean cultural values produced a high level of adjustment. The path coefficients calculated were (r) .197 (Table 103). Personality appeared to be a good target to intervene with the adjustment factors.

TABLE 103

Decomposition of Bivariation Correlation Level of Adjustment (X_6)

Bivariate relation of concern	L.A., USCV X_6, X_8	L.A. KCV X_6, X_9	L.A. PF X_6, X_7
Original correlation	0.278	-0.251	0.284
Direct causal	.193	0	.201
Indirect causal	0.060	-0.197	0
Total causal	0.253	-0.197	0.201
Non-causal	0.025	-0.054	0.083

Attitude Toward Mental Health Service and Utilization

As Table 104 indicates attitudes toward Mental Health Service and Utilization are caused by many different variables.

First, strong Korean cultural values caused negative attitudes toward the service as well as utilization, while, on the other hand, weak Korean cultural values contributed to high positive attitudes. Table 104 presents a direct negative path co-efficient (r) -.353.

Next, strong U.S. cultural values are directly related to positive attitudes. Whereas lower U.S. cultural values tended to correlate with a lower positive attitude. There are three different paths that can affect the attitudinal level.

The first identified is through personality. The second path is through adjustment. The third is through personality leading to ajustment. The implication is that high in U.S. cultural values developed high personality adaptability and that highly adaptable subjects then developed high levels of adjustment leading to positive attitudes.

Personality is identified as an important factor directly influencing attitude or indirectly affecting attitude through adjustment. These positive correlation shows (r) .233.

Level of adjustment is affected by both cultures through personality and adjustment, and strongly contributes (r .274) directly to attitudes toward service utilization. Indirect affects from both cultures were through personality and then adjustment leading toward attitude development. Traditional cultural correlation coefficients were inverse (r -.353); U.S. cultural correlations were identified as positive correlations (.097).

Age was identified as another direct inverse correlation coefficients (r -.181). Younger subjects had more positive attitude compared to older subjects. Years of residency in U.S. (from 6 to 10 years) was identifed as a factor contributing to attitude development. The subjects residing longest in the U.S.A. reported higher positive attitudes toward service utilization, whereas shorter residency revealed more negative attitudes (see Figure 2).

TABLE 104

Decomposition of Bivariation Correlation
Attitude toward Service and Utilization (X_5)

Bivariation relation of concern	AT,USCV X_5, X_8	AT,KCV X_5, X_9	AT,LA X_5, X_6	AT,PF X_5, X_7	AT,Age X_5, X_{16}	AT,RE X_5, X_{13}
Original	.345	-.437	.274	.366	-.271	.151
Direct causal	0	-.307	.125	.208	-.181	.143
Indirect causal	.097	.046	.136	.025	0	0
Total causal	.097	-.353	.274	.233	-.181	.143
Non-causal	.248	-.084 -.79	.013	.133	.09	.008

Utilization of Institutional Service and Mental Health Delivery

Subjects used institutional services such as social security, workman's compensation, unemployment when they identified themselves as having problems they felt these services could assist them with. Subjects identifying themselves as not having a problem did not use these services.

External barrier to using services were only identified by utilizers, while non-utilizers did not anticipate barriers for the service utilization. There were no indirect causal factors related to this phenomena. On the other hand, there were many variables affecting mental health delivery utilization. Direct and indirect path correlation were separated (see Figure 2 and Table 101).

TABLE 101

Decomposition of Bivariation Correlation
Utilization of Mental Health Service (X_1)

Bivariation relation of concern	MHU,USCV X_1, X_8	MHU,KCV X_1, X_9	MHU,LA X_1, X_6	MHU,PF X_1, X_7	MHU,IP X_1, X_3	MHP,EB X_1, X_4
Original	-.123	-.013	.083	.121	.347	-.168
Direct causal	-.200	0	.132	.123	.329	.133
Indirect causal	.670	-.030	0	.267	0	0
Total Causal	.47	-.030	.132	.39	.329	.133
Non-causal	-.593	.017	-.049	-.269	.018	.035

Subjects with high U.S. cultural values showed negative correlation (r -.2) to utilization of mental health services. This suggests that highly acculturated subjects in U.S. culture may have low needs in service while less adjusted subjects are more vulnerable to the problems and therefore need mental health services. The indirect positive correlations are first through personality to adjustment leading to utilization; the second path is through adjustment directly affecting utilization and third, through adjustment leading to utilization. All of these path correlations presenting positive coefficients were r .47.

Personality factors related to the utilization occurred two ways: indirectly affecting mental health utilization through adjustment (r.267) and directly affecting utilization (r.123). The results suggested that strong U.S. cultural values contribute to personality adaptability positively, developing high levels of adjustment. These two causal factors promote mental health utilization.

Traditional Korean cultural values of the subjects contributed only through one pathway through personality and then adjustment to utilization. The correlation and coefficients were inverse .

As Figure 1 shows, adjustment levels received inputs from various factors which contributed directly to utilization (r.132).

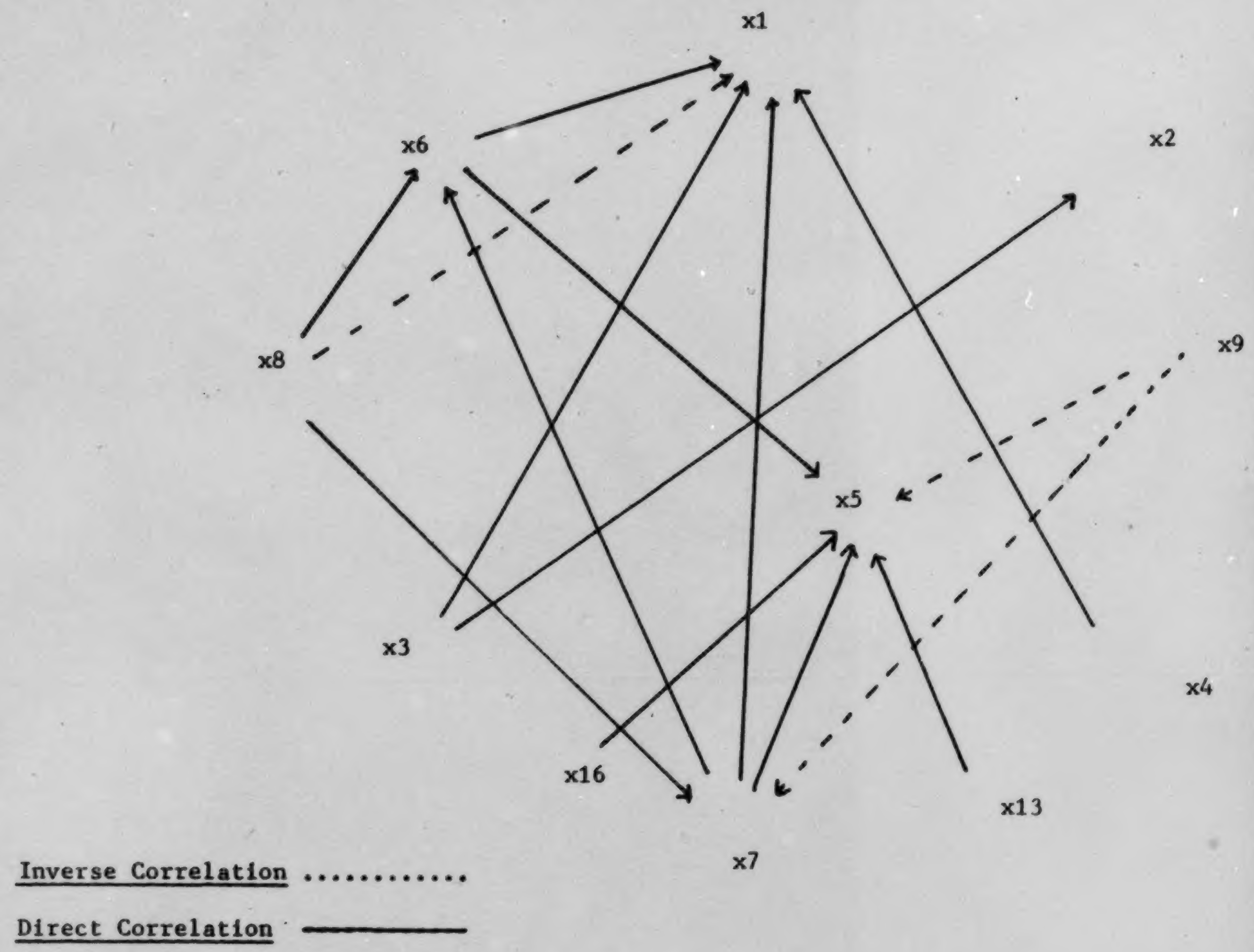
TABLE 102

Decomposition of Bivariation Correlations
Utilization of Institutional Services (X_2)

Bivariation relation of concern	ISU, IP X_{11}, X_3
Original Correlation	.140
Direct causal	.139
Indirect causal	0
Total causal	.139
Non-causal	.001

FIGURE 2

PATH CORRELATIONS IN MENTAL HEALTH UTILIZATION


x1
x6
x2
x8
x9
x5
x3
x4
x16
x13
x7
Inverse Correlation ....
Direct Correlation ————

Concept of Measurement

Nature of the Study Sample

As discuseed in the previous chapter, the sample of this study is not a random one of Korean Americans, but more likely a broadly representative one. The sample for this study appears to be limited to ethnic church population (89 % Christian).nevertheless more than one third of the subjects were selected outside of church . A research survey indicated that church populations were not different from non-churchgoer populations (Park, 1976). Another study suggested that the majority of immigrants become church members becouse Korean ethnic churches are often the only viable ethnic organizations in the community (Kim, 1980). They study also reported that most of the respondents were churchgoers, even though this sample was random. This same study also concluded that ethnic churches and related organizations would be an important medium for reaching Korean-American community members.

Through this research experience, it can be concluded that this population has been an unresearched ethnic group. Many of the respondents were found to be limited in their understanding of the questionnaire or had problems filling out the items. There was missing data in some items. These facts indicated, to some extent, the limitations in researching this group. For example, the respondents experienced difficulties in following directions despite extensive caution in formulating questionnaire. This sample included sub-group generations, seniors, and housewives who could barely grasp western culture.

Procedure of Data Collection

Except for eighty subjects from the college, all subjects were church members attending sunday afternoon services. It was found that the questionnaire was too long for one respondent to finish in a comfortable and relaxed mood after attending the church with long hours of service. The questionnaire required full concentration and attentiveness to obtain viable answers.

The carelessnes and inattentiveness of many respondents resulting from time and situational factors may have lead, more or less, to measurement errors.

A few churches distributed the questionnaire to the members of congregation after Sunday service because of this time factor. Many of the distributed questionnaires were not returned with the exception of one church whose members were of a higher socio-ecomomic group. The total number of questionnaires used for the study were 786 and total sample from which data was collected was 228.

Instrument

As mentioned before, there were no viable instruments available, especially developed for culturally different population and for the same purpose as this study. Basically, validity of the study depended entirely on measurement tools, vigorous statistical testing of the variables in order to obtain valid findings.

With the pre-supposition of measurement problems, this instrument was given to Korean-Americans in the present study though further refinement of validity is well recognized for future study. Consequently, a ward of warning should be made - most of the questionnaire items used in this analysis are less than perfect. The sample for the pilot study on internal validity computation of major five varialbes (cultural values, level of adjustment scale, personality and adaptability, attitudinal scale) appeared most likely to be biased by respondents of capability of comprehending questionnaire material. In the final data analysis some measurement errors in the data were detected, errors resulting from either the administration of the questionnaire, or the validity of the instrument sampling procedure.

Summary of Findings

The subjects were found to hold contradictory attitudes due to conflicting values between two cultures. Preference for one culture's values did not necessarily imply that they oppose the characteristics of the oposite culture. For example, respondents agreed strongly on the value of nuclear family system and on cultural indices also showed strong positive attitudes toward the extended family system. Their conflicting answers indicated that they were uncertain in what they wanted. Their uncertainty was also evident in some other major areas as well and it is clearly seen in the number of questions left unanswered. Their responses to the value and attitude items indicated that they were on the margin of two cultures.

The following are some significant findings of the study.

Level of Adjustment: The over-all adjustment level of subjects were found relatively low, although basic life skills indices indicated high . Social/Occupational satisfaction, and goal attainment scales inclined toward negative scores.

Personality: Subjects reported significantly negative scores on the adaptability scal (flexibility, openness and tolerance).

Cultural values : The cultural value scale revealed that subjects learned toward traditional values, whereas American values were less appreciated.

Attitudinal factors: Attitudinal measurement presented overwhelming negative results. Mental health services could be interpreted as secondary needs and as secondary sources of help.

External barriers: Very few subjects reported encountering outside barrier in seeking help(among total subjects).These result were due to the subjects who did not seek outside help did not encounter percieved barriers.

Utilization: Mental health service utilization was identified as extremely low; seeking help was looked upon unfavorably.

Alternative resources: Friends and parents, were used as alternative resources in Korea, while clergy was reported as the major alternative resource for Koreans in the U.S.

Problems : Identified problems were more psychosomatic-related than related to immediate survival needs. Nevertheless, subjects tended to deny emotional problems of self but on the other hand, recognized problems of other immigrants.

Familiarity to new society: English language and lack of knowledge of social structure was reported to be the major prevailing problems among the subjects.

Discrimination: Discrimination and prejudice items were the most sensitive issue on the questionnaire. Subjects included extra comments on these items most of which were hostile. The majority believed that there is strong discrimination against them in American society.

Service modality: The mode of help-non-directive or directive approach-did not show a significant defference.

Setting: Preventive educational programs on college campuses were their most favorable choice of service.

Helper: Mutual language and cultural communication were considered critically essential.

Path Analysis: In the path analysis of the utilization pattern of Korean-Americans, The U.S. cultural values were appeared to be a strong basic affective factors to positive personality, high level of ajustment, positive attitude and then use of service system.

Positive attitudes toward service and utilization of these services was the only variable that did not support the hypothesis of the study although positive attitude toward utilization yielded significant correlation coefficients with the other variables (see Figure 2). There were many other demographic variables computed in the statistical test. The study found no significant relationship between utilization of mental health services and demographic variables except age and years of U.S. residency.

The results of this study of attitudinal patterns in relation to utilization of services implied that many subjects, in this particular study who utilized mental health services, represented a population weak in U.S. cultural values. These results presented no correlation coefficients between attitude and utilization. Further research with a population having strong U.S. cultural values may clarify the implications of the present study result.

Recommendations

The implications of this study's results cannot be fully discussed without putting them in the context of the total relationship of culture, personality and adjustment as it affects personal attitudes toward utilization of mental health and social services. It has been demonstrated that there is some continuity between the cultural values and adaptive mechanism(personality adaptability) as the foundation of the utilization hierarchy. While a full discussion of cultural background and personal adaptability and adjustment has been done in previouse chapters in study, a few comments here concerning these findings will conclude this study.

First, contrary to the stereotyping of Asian-American as self-sufficient model minority, the study showed a population suffering from a wide variety of socio-economic problems including cultural shock, value conflict, language deficiencies in the acculturation process. They presented signs of feeling that their dreams were shattered due to discrimination of the host society. In reality, identity diffusion, low self-esteem, feelings of ineptness and feelings of powerlessness prevailed. Without knowing the social system as well as their own needs, the subjects did not participate in social activities and society as a whole. The study uncovered significant signs of the subjects suffering from feelings of insecurity, inability and unacceptance. Because of these feelings the subjects were experiencing a crisis in personality integrity.

It is assumed that a greater degree of acculturation into American society would decrease the severity of psychological stress. However personality theory supports the assumption that disruption of earlier learned patterns of behavior (cultural value orientation) inhibits psychological security and produces cognitive disturbances in basic personality structures.

Therefore in terms of an alternative preventive service delivery for this population in order to minimize social problems and to nurture potential resources in American society, this study forsees the need for earlier intervention as a solution. By increasing social, cultural and language education, and if possible, making it mandatory, Korean-Americans can be acculturated more rapidly and effectively into American society.

The old medical model approach or individual service-oriented approach created a stigma for Korean-Americans and thus excluded the majority of this population from the benefit of service. The results of this study also suggest that the methodology of educational delivery through academic institutions should alternate directive and non-directive approaches and should foster both sub jective and objective approaches in dealing with problems of this population. The service provider's cultural ability to communicate with the helpee must also be a major consideration.

American culture, flexibility in contrast to the social rigidity of the Korean culture, can provide opportunities for developmental experience to fit into American society. Thus can personality, values, and attitudes oriented to mobility patterns of middle class Americans to enable Koreans to call forth a greater degree of ability to react to new circumstances with considerable flexibility.

However, the study and its results also suggested further investigations into the needs as well as solutions targeted at fully functioning individuals in a new society. Many subjects sent surey forms with extra comments about how pleased they were to have a chance to express their feelings and opinions. These comments suggested many things, but one strong implication is that there are overwhelming unexpressed feelings of unhappiness below the surface of the daily lives of the subjects.

With encouragement from subjects, further research should include a study on the nature of American society in relation to this designated population with a considerable reevaluation on the data collection procedure and sampling, as well. As mentioned previously, future research involving questionnaire measurements for Korean-American researchers would do better to pay even closer attention to data collection procedures as well as refirnement of research instrument.

At the beginning of the study we assumed that culture, personality, adjustment and attitude together will produce certain behavior patterns. In summarizing the need for future academic research in relation to the present study, researchers should focus on the interplay between attitude and behavior (utilization) and determine how these variables are related.

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APPENDICES

CODING SYSTEM

COLUMN NO	CARD NO	QUESTION NO	CODE CATEGORIES
5	1	I - 1	Sex: 1 - Femali 2 - Male
6-7	1	I - 2	Age
8	1	I - 3	Marital status: 1 - Married 2 - Single 3 - Divorced 4 - Separated 5 - Widower
9	1	I - 4	Religion: 1 - Christian 2 - Buddhist 3 - Confucian 4 - None
10-11	1	I - 5	Years of education in Korea
12-13	1	I - 6	Years of education in U.S.A.
14	1	I - 7	Employment: 1 - Full time 2 - Part time 3 - Unemployed
15	1	I - 8	Household income: 1 - 5,000-10,000 2 - 11,000-15,000 3 - 16,000-25,000 4 - 25,000-
16	1	I - 9	Years in U.S.A.: 1 = 2 or less 2 = 3 - 5 3 = 6 - 10 4 = 11 - 15 5 = 16 or more
17	1	I - 10	Born in U.S.A.: 1 - Checked 2 - Not checked
18	1	I - 11	Number of family in household

COLUMN NO	CARD NO	QUESTION NO	CODE CATEGORIES
19	1	I - 12	Number of generations in household
20-21	1	I - 13	Percentage of Korean in neighborhood
22-23	1	I - 14	Percentage of Black in neighborhood
24-25	1	I - 15	Percentage of White in neighborhood
26	1	I - 16	Korean spoken in household
27	1	I - 17	Reasons for immigration: 1= Better education for children 2= Training and further education for self 3= Economic, financial reasons 4= Better or more stable life 5= Freedom, equality 6= To live with another or other family members 7= To establish a new life, start over, etc. 8= Other 9= Nothing listed
28-38	1	I - 18	Questions - Personal Strongly agree -- Strongly Disagree code 1 - 6 (a - n)
53	1	I - 19	Difficulties (1-6)
54-64	1	I - 20	Questions - Personal Overview code 1-6
65	1	I - 21	Personal Problems (1-6)
66	1	I - 22	Mental Health (1-6)
67	1	I - 23	Professional help 1= Difficult problem 2= Crazy 3= Family problem 4= Physical problem 5= Emotional and spiritual/religious problem 6= Loneliness 7= Legal, tax or business problem 8= Other 0= Nothing listed

COLUMN NO	CARD NO	QUESTION NO	CODE CATEGORIES
68-76	1	I - 24	Question - problems code 1-6 (a-i)
5	2	I - 25	Question 5: 1 - Yes 2 - No 3 - Not sure
6-19	2	I - 26	Question 6: 1 - Parent 2 - Friend 3 - Relative 4 - Spouse 5 - Medical Coctor 6 - Psychiatrist 7 - Psychologist 8 - Social worker 9 - Minister 0 - Other
20	2	I - 27	Question 7: Code 1 2 3 4
21-29	2	I - 28	Question 1 Barriers 0 - Not checked 1 - Checked
30	2	I - 29	Question 2 Code 1-6
31	2	I - 30	Question 3 Code 1-6
32	2	I - 31	Question 4: 1 - Tell me 2 - Help me 3 - Not sure
33	2	I - 32	Perspective chang for better utilization: 1= Korean service provider 2= Interpreter 3= Better or more communication of in formation on what services are available and where/how to get them 4= Lower expense 5= Patience and understanding of foreign persons, less stereotyping and discrimination 6= Do not know

COLUMN NO	CARD NO	QUESTION NO	CODE CATEGORIES
34-37	2	I - 33	Question 6 (1-6)
38-55	2	I - 34	While in the U.S. have any of the follwing been a problem to you? 0 = No 1 = Yes, but no source
56-65	2	I - 35	Have you ever used the services of any of the following? 0 = No 1 = Yes 2 = Don't know what type work

Catonsville Community College
800 South Rolling Road
Baltimore, Maryland 21228

Phone: 301-455-4433
Date: September 24, 1981

Dear

You are being invited to participate in a social science research study concerning Asian immigrants. Please take a few minutes and complete each answer carefully. Answer every item and question.

Please do not write your name or identifying address. This questionnaire is confidential and strictly for research purposes. The findings may contribute to a better understanding of Asian immigrants for improved public assistance in the United States.

If you want to know the results of this research, please contact me at Catonsville Community College. I sincerely appreciate your cooperation.

Sincerely yours,

Kyung Sook C. Kim

I. Fill in the proper space of the following item.

Sex: 1. ______ Female

2. ______ Male

Age: ______

Marital status: 1. ______ Married 2. ______ Single 3. ______ Divorce

4. ______ Separated 5. ______ Widower

Religion: 1. ______ Christian 2. ______ Buddhist

3. ______ Confucian 4. ______ None

Education: 1. ______ Years in Korea 2. ______ Years in US

Employment: 1. ______ Full time 2. ______ Part time 3. ______ Unemplyed

Household income: 1. ______ $5,000-10,000 2. ______ 11,000-15,000

3. ______ $16,000-25,000 4. ______ 25,000 and over

Years in U.S.A: ________ Years ________ Born in U.S.A

Number of family member in the household: ____________________

Number of generations in the househole: ____________________

Neighborhood racial balance: ___ % Korean ___ % Black ___ % White

Korean spoken in the house: Always 1 2 3 4 5 6 Not at all

Reasons for immigrations: ______________________________

From now on to answer the following items, circle the appropriate number from the below scale, unless oterwise noted:

1=most/very often
2=often
3=seldom
4=infrequent
5=rarely
6=least/not at all

II. Rate the following items by making a circle around the number that best describes the extent to which you agree or disagree with the item: Read each item carefully and then accurately rate the item on the scale to the right.

	Strongly Agree					Strongly Disagree
a. I feel comfortable going out by myself shopping, going to a bank, or on a trip.	1	2	3	4	5	6
b. I am comfortable relating to American friends and neighbors at work and at home.	1	2	3	4	5	6
c. I enjoy listening to/ reading the news on American T.V., radio, and newspaper.	1	2	3	4	5	6
d. I feel comfortable with the American way of life (manners, customs, etc)....	1	2	3	4	5	6
e. I feel more comfortable and happy in the U.S.A. than I did in Korea.........	1	2	3	4	5	6
f. I am not satisfied with my present job.	1	2	3	4	5	6
g. I am not happy with my social life in U.S.A.............................	1	2	3	4	5	6
h. I am not happy with my family life at present............................	1	2	3	4	5	6
i. I do not enjoy my leisure time.......	1	2	3	4	5	6
j. I have not attained the goal I came to the U.S.A. for	1	2	3	4	5	6
k. In my opinion I am not well adjusted to American culture.................	1	2	3	4	5	6

III. Which of the following characteristics of Korean/American cultures would you like to maintain/adopt, or discard at present ? (circle the appropriate number in the column to the right of the item)

	Maintain					Discard
a. Extended family orientation	1	2	3	4	5	6
b. Obedience to elders and authority...	1	2	3	4	5	6
c. Politeness and humility in social manner.........................	1	2	3	4	5	6
d. Belittle oneself/one's achievement.	1	2	3	4	5	6
e. Inhibition of personal feeling....	1	2	3	4	5	6
f. Save face.......................	1	2	3	4	5	6
g. Speaking Korean all the time.....	1	2	3	4	5	6
h. Immediate family orientation.....	1	2	3	4	5	6
i. Self-reliance in problem solving.	1	2	3	4	5	6
j. Being open and candid about one's feeling..........................	1	2	3	4	5	6
k. Developing individuality..........	1	2	3	4	5	6
l, Being assertive..................	1	2	3	4	5	6
m. Emphasis on equality regardless of sex or age........................	1	2	3	4	5	6
n. Speaking English all the time.....	1	2	3	4	5	6
	Always					Never
o. I do have difficulties or conflict functioning between the two cultures.	1	2	3	4	5	6

IV. Indicate below what kind of person you think you are and what kind of things you do ?

	Agree					Disagree
a. I am able to meet any change quickly and effectively....................	1	2	3	4	5	6
b. I tend to preserve previously learned values and attitude.................	1	2	3	4	5	6
c. I tend to stick to rules and regulations	1	2	3	4	5	6
d. I am open for new experiences and learning	1	2	3	4	5	6
e. I can be firm and show I mean it......	1	2	3	4	5	6
f. I have high aspiration...............	1	2	3	4	5	6
g. I am impatient with new ideas.........	1	2	3	4	5	6
h. I am very competitive and get frustrated easily when I fail......................	1	2	3	4	5	6
i. I am courageous and challenge new ideas.	1	2	3	4	5	6
j. I am very introverted..................	1	2	3	4	5	6
k. I am very extroverted..................	1	2	3	4	5	6

V.A. 1. I think that talking with someone about a personal problem can be helpful.
1 2 3 4 5 6

2. I have sometimes felt the need of mental health counseling.
1 2 3 4 5 6

3. For what kind of problem would you seek professional help ?
(use other side of page if more space is needed)

4. Circle the appropriate number for each item below:

	Strongly Agree					Strongly Disagree
a. I have to bear many problems because all immigrants face the same problems.......	1	2	3	4	5	6
b. I do not think I have problems.........	1	2	3	4	5	6
c. I must solve my own problems...........	1	2	3	4	5	6
d. I can not bother other people with my own problems.........................	1	2	3	4	5	6
e. I believe that having problems reflects badly on the family....................	1	2	3	4	5	6
f. I believe that having problems is humiliating to myself.......................	1	2	3	4	5	6
g. I will seek help when I have problems. So far I did not have problems.......	1	2	3	4	5	6
h. I believe Problems are being created by an unwise person who needs to learn how to solve the problem....................	1	2	3	4	5	6
i. I do not believe professionals can help with personal problems.......	1	2	3	4	5	6

5. Do you think many Asian immigrants have mental health problems?
_________yes _________ no _________not sure

6. If you had one or more of the problems listed below, to whom would you go to seek help in USA and to whom in Korea (See columns and make check in column)

		Parent	Friend	Relative	Spouse	Medical doctor	Psychiatrist	Psychologist	Social worker	Minister	Other:(specify)
Marriage disruption	Korea										
	U.S.A										
Anxiety, worry, & tension	Korea										
	U.S.A.										
Child unacceptable behavior	Korea										
	U.S.A.										
Bizarre	Korea										
	U.S.A.										
Strange thoughts	Korea										
	U.S.A.										
Alcoholic	Korea										
	U.S.A.										
Drug abuse	Korea										
	U.S.A.										

Check appropriate answer below:

7. When would you seek the help of a professional mental health worker. such as a psychiatrist or psychologist ?

_________ as one of my first choices for help.
_________ would try other sources of help first.
_________ only as a last resort.
_________ would never seek such help.

B.1.Have you found any of the following to be barriers in obtaining any kind of service?

________ not knowing where to get help.
________ not konwing what services are provided by mental health professionals.
________ language problems.
________ cost of service.
________ lack of transportation.
________ discrimination.
________ too busy working and earning a living.
________ not knowing what I need.
________ other (specify:________________________________)

2. At the present time, Asian-Americans face discrimination in America ?

Strongly agree 1 2 3 4 5 6 Strongly disagree

3. If you were to go to a mental health counselor, would you prefer him or her to be Korean.

Strong preference 1 2 3 4 5 6 No preference

4. If I go to a mental health counselor, I want him or her:

________ to tell me what to do.
________ to advise me or to help me to make my own decision
________ not sure.
________ other (specify:________________________________)

5. If you needed mental health help, what changes in the present mental health delivery system would make it easier for you to seek th help ? (Please take a moment or two to think about your answer. It is important that this ithem be answered carefully and fully. Use space on other side of page if needed)
____
____
____
____

6. I will prefer using the service if it is offered:

	Strong preference					No preference
as preventive educational course on college campus...........................	1	2	3	4	5	6
as treatment of patient in the hospital........	1	2	3	4	5	6
as community service program at community...	1	2	3	4	5	6
as service and mental health center.........	1	2	3	4	5	6

C. 1. While in the U.S. have any of the follwing been a problem to you ? Please check YES or No. If you have sought help for this problem, please indicate what type of service or professional you visited.

	Yes	No	Where Help sought
a. Your health..................			
b. Job..........................			
c. Income.......................			
d. Marriage problem.............			
e. Children.....................			
f. Older member of the family...			
g. Loneliness...................			
h. Being dissatisfied with self.			
i. Headache.....................			
j. Indigestion..................			
k. Loss of energy...............			
l. Loss of concentration........			
m. Thinking slowed..............			
n. Loss of appetite.............			
o. Weight loss without diet.....			
p. Suicidal ideas or death wishes			
r. Cry easily...................			
s. Other: (specify).............			

D. Have you ever used the services of any of the following ?

	Yes	No	Do not know what type of work this person does.
Psychiatrist			
Psychologist			
Social Worker			
Mental Health worker			
Obstetricians,			
Pediatricians			
Surgeons			
Social Security			
Unemployment Insurance			
Workmen's Compensation			

동봉된 설문지는 한인들의 이민생활 실태를 알아보기 위하여 케이튼스빌 대학 한인 기술교육과에서 마련된 것입니다. 시간이 약간 걸리지만 20분내지 25분의 시간을 내셔서 읽으시면서 적절한 난에 적어 넣으시고 동봉된 봉투에 넣으셔서 (우표는 안 부쳐도 됩니다.) 우체통에 넣어 주시면 되겠읍니다.

바쁘시더라도 각 설문 조사에 응해주시면 이것이 우리 이민 생활을 미국기관에 보도하는 자료가 되겠읍니다. 이름과 주소는 전연 안써도 됨으로 비밀 보장이 됩니다. 협조를 부탁 드립니다.

I. 다음 문항중 해당되는 난에 ✓ 표를 하세요.

성 별 : 1. ______ 여 2. ______ 남

연 령 : ________ 세

결혼 상황 : 1. ______ 결혼 2. ______ 독신 3. ______ 이혼
4. ______ 별거 5. ______ 과부

종 교 : 1. ______ 기독교 2. ______ 불교 3. ______ 유교
3. ______ 유교 4. ______ 무종교

교육 연수 : 한국에서 ______ 년 미국에서 ______ 년

직 장 : 1. ______ 풀 타임 2. ______ 파트 타임 3. ______ 없음

본인 수입 : 1. ______ 5,000 – 10,000 2. ______ 11,000 – 15,000
3. ______ 16,000 – 25,000 4. ______ 25,000 이상

미국 거주 연수 : 1. _____ 1–2 2. _____ 3–5 3. _____ 6–10
4. _____ 10–15 5. _____ 15년 이상 6. _____ 미국에서 출생

가 족 수 : ________ 명

가족의 세대 : ________ 대

이웃의 인종 균형 : ______ % 한국인 ______ % 흑인 ______ % 백인

한국어 사용 여부 : 항상 1 2 3 4 5 6 전연 안함

이민 온 목적 : ____

여기서는 다르게 설명하기 전에는 해당되는 숫자에 O 표를 하세요.
1 = 제일 많은, 최고　　2 = 이따금　　3 = 드물게
4 = 잦지 않은　　5 = 어쩌다가　　6 = 전연없음, 최저

II. 다음 문항중 당신을 잘 묘사하는 수에 O 표를 하세요.

	동의함 1	2	3	4	5	부동의 6
a. 나는 혼자서 시장이나 은행이나 다른 여행을 하는데 불편이 없다.	1	2	3	4	5	6
b. 나는 직장에서나 집에서 미국 친구나 이웃을 대하는 때 불편이 없다.	1	2	3	4	5	6
c. 나는 미국 티브이나 라디오, 뉴스를 듣는 것을 즐긴다.	1	2	3	4	5	6
d. 나는 미국 생활 방식에 불편이 없다.	1	2	3	4	5	6
e. 나는 미국에 사는것이 더 편안하고 행복하다.	1	2	3	4	5	6
f. 나는 현재 직장에 만족하고 있다.	1	2	3	4	5	6
g. 나는 현재 미국에서 친구관계를 만족한다.	1	2	3	4	5	6
h. 나는 현재 미국에서 나의 가족관계를 만족한다.	1	2	3	4	5	6
i. 나는 여가를 즐겁게 이용한다.	1	2	3	4	5	6
j. 나는 미국에 가지고 온 목적을 이루었다.	1	2	3	4	5	6
k. 당신 생각에 당신의 미국문화에 적응도는 어느 정도라고 느낍니까 ?	1	2	3	4	5	6

* 미국에 오신이래 미국 문화에 적응해 가는데 도움이 되는 사람과 기관은 ?

_____ 남편 혹은 부인　　_______ 교육 기관　　_______ 교회
_____ 친구　　_______ 직장　　_______ 없음
_____ 티브, 신문, 라디오　　_______ 자녀들　　_______ 기타

III. 다음 한국문화와 미국문과의 특성 중에 유지하고 싶거나 버리고 싶은 문항, 둘 다 정도에 따라 적절간 숫자에 C 표를 하세요.

	유지함					버림
a. 대가족 제도	1	2	3	4	5	6
b. 지도자나 년장자에게 복종하는 것	1	2	3	4	5	6
c. 사람을 대할때 겸손함과 예절을 지키는	1	2	3	4	5	6
d. 자신을 내세우지 않는 것	1	2	3	4	5	6
e. 개인의 감정을 숨기는 것	1	2	3	4	5	6
f. 체면을 지키는 것	1	2	3	4	5	6
g. 한국어를 항상 사용하는 것	1	2	3	4	5	6
h. 핵가족 제도	1	2	3	4	5	6
i. 문제 해결을 혼자하는 것	1	2	3	4	5	6
j. 감정과 생각을 솔직이 하는 것	1	2	3	4	5	6
k. 개인주의를 지향하는 것	1	2	3	4	5	6
l. 자기주장을 명확히 표시하는 것	1	2	3	4	5	6
m. 연령이나 성에 차별없이 동등을 주장 하는 것	1	2	3	4	5	6
n. 항상 영어를 쓰는 것	1	2	3	4	5	6
o.두 문화 사이에 갈등을 느낍니까 ?	예					아니오
	1	2	3	4	5	6

IV. 다음 항목중 당신을 잘 묘사하고 있는데 X 표를 하세요

		동의					부동의
		1	2	3	4	5	6
a.	나는 변화된 환경에 아주 쉽게 잘 적응할수 있다						
b.	나는 나의 지닌 가치관이나 사고,태도를 보존하는 편임						
c.	나는 규칙이나 법 규정에 철저한 편이다.						
d.	나는 새로운것을 배우고 경험하는 것을 좋아한다.						
e.	나는 내 뜻하는 것을 명확히 하는 편이다.						
f.	나는 야망이 있고 남에게 야망을 갖도록 자극한다.						
g.	나는 새로운 사고, 견해에 대해서 참을성이 없다.						
h.	나는 경쟁심이 많고 실패를 했을때 맘이 몹시 상한다.						
i.	나는 새로운 아이디어에 용감하게 도전하는 편이다.						
j.	나는 아주 내향적인 사람이다.						
k.	나는 아주 외향적인 사람이다.						

V. A. 1. 나는 내 개인문제를 다른 사람과 이야기 함으로 도움이 된다고 생각한다.

1 2 3 4 5 6

2. 나는 이따금 전문 정신건강 상담을 받아야겠다고 느껴 왔다.

1 2 3 4 5 6

3. 어떤문제를 가지고 전문가를 만나는 것으로 아세요 ?

____

____

____

4. 다음 문항중 내가 생각하는 정도에 따라 적절한 숫자에 C 표를 하세요.

	동의함					부동의
a. 요즘 이런은 사람이 당하는 일이기 때문에 나는 작은 문제가 있어도 참아야 한다고 느낀다.	1	2	3	4	5	6
b. 나는 문제를 가지지 않았다고 생각한다.	1	2	3	4	5	6
c. 나는 문제가 있으면 내 자신이 해결 해야만 한다.	1	2	3	4	5	6
d. 나는 내 문제를 가지고 남을 괴롭힐 수 없다.	1	2	3	4	5	6
e. 정서적인 문제를 가졌다는 것은 가문을 해치는 일이다.	1	2	3	4	5	6
f. 문제가 있다는 것은 수치스러운 일이다.	1	2	3	4	5	6
g. 나는 문제가 있을때는 전문가를 찾을것이다.	1	2	3	4	5	6
h. 나는 전문가들이 개인의 문제를 많이 도와 줄 수 있다고 믿지를 않는다.	1	2	3	4	5	6
i. 문제는 미련한사람이 만들어 내는 것이기 때문에 그런사람은 문제를 해결하는 것을 배워야한다.	1	2	3	4	5	6

5.많은 이민온 한국분들이 정서적(걱정,고민)을 가지고 있다고 느끼십니까?

_______예 _______아니오 _______확실치 않다.

6.만일 다음과 같은 문제가 있을때는 누구를 찾아가 도움을 받겠읍니까 ?

		부모	친구	친척	부인 혹 남편	의사	정신과 의사	심리학 박사	사회 사업가	목사	기타
결혼생활의 심한갈등	한국										
	미국										
걱정, 근심, 긴장	한국										
	미국										
문제 자녀	한국										
	미국										
이상하고 망칙한 생각이 들때	한국										
	미국										
괴상하고 이상한 행동을 할때	한국										
	미국										
술 중독증	한국										
	미국										
약물 중독증	한국										
	미국										

7.어떠한 조건하에 심리학자나 정신과 의사를 찾아가 도움을 받겠읍니까 ?

_____도움을 받는 첫째대상으로 _____처음에 다른 도움을 구하다 안되면

_____최후에 수단으로 _____그런 도움은 전연 필요없다.

B. 1.다음과 같은 문제들 때문에 정신 건강상담을 받는데 애로가 있었읍니까 ?

_________ 어디가서 도움을 받아야 할지 몰라서
_________정신건강 상담가들이 어떤 도움을 주는지 몰라서
_________ 언어 문제
_________ 봉사를 받는데 드는 비용 문제로
_________ 교통편이 어려워서
_________ 미국인들이 인종 차별하는 것 때문에
_________ 살기 위해 돈을 벌고, 일하는데 고달파서
_________ 내가 무엇이 필요한지 몰라서

2.미국에서 아시아 계통 사람들이 인종 차별을 당하고 있다고 느끼세요 ?

_____강하게 동의, _____동의, _____부동의, _____강하게 불찬성

3.만일 걱정과 고민거리를 가지고 상담을 하러 갔을때 그 전문가가 한국 사람이면 더 좋다고 느낍니까 ?

____

4.만일 내가 걱정과 고민을 가지고 상담하러 갔을때 나는 그 의사가 :

_____어떻게 하라고 지시와 충고를 해주기 바란다.
_____내가 내 결정을 짓도록 도와주기 바란다.
_____확실히 모르겠다.

5.미국 사회의 도움을 주는 기관들이 어떻게 개선되었으면 당신이 쉽게 찾아가 도움을 받을 수 있다고 생각합니까 ? (이난은 중요하기 때문에 신중히 생각하시고 다 적어 넣으시기 바랍니다.)_________________________

____

6.나는 다음과 같은 방법으로 기관에서 도움을 주었으면 더 효과적으로 이용하겠읍니다.

	동의					부동의
대학 같은데서 일반상식, 예방교육 클래스로	1	2	3	4	5	6
병원 같은데서 환자 치료하는 것으로	1	2	3	4	5	6
봉사센타나 건강센타에서 봉사하는 것으로	1	2	3	4	5	6

C. 당신은 과거 몇년동안 다음과 같은 문제가 있었읍니까 ?
해당난에 X 표를 하시고 전문가에게 도움을 받았으면 해당난에 X 표를 하세요.

		예	아니오	도움받음
a.	건 강			
b.	직 장			
c.	수 입			
d.	부부 문제			
e.	자녀 문제			
f.	가족 중 노인문제			
g.	외로움			
h.	자신에 대한 불안			
i.	두통이 잦음			
j.	소화 불량			
k.	모든 의욕 상실			
l.	정신 집중이 안됨			
m.	사고 능률이 느려짐			
n.	식욕 상실			
o.	이유없이 체중 감소			
p.	자살에 대한 생각			
q.	자살 기도			
r.	쉽게 우는 일			
s.	기타 (명시)			

D. 다음과 같은데서 도움을 받아 본 일이 있읍니까 ?
적절한 곳에 표를 하세요.

	예	아니오	무슨도움을 주는지 몰랐다
정신과 의사			
심리학자			
사회사업가			
정신 건강 상담			
국가 건강보험 메디케어			
국가 후생금 소셜 시큐리티			
실업 보험금			
상해금			
기타 (명시할 것)			

Table 2

Summary on Level of Adjustment Scale

Variables		SA	A	ND	D	MD	SD	M	SD
Accustomed to the surounding	%	46.1	16.1	12.4	4.1	7.8	13.4	2.5	1.8
Social skill	%	28.0	25.2	16.1	6.0	9.6	15.1	2.89	1.77
Media utilization	%	35.9	16.1	21.7	9.7	7.4	9.2	2.64	1.64
Feelings of comfort	%	32.9	20.1	16.9	9.1	11.0	10.0	2.75	1.70
General happiness	%	27.8	19.0	24.1	9.7	7.9	11.6	2.85	1.65
Not satisfied with job	%	14.1	7.0	9.7	18.4	15.7	35.1	4.20	1.78
Not satisfied with social life	%	20.4	11.8	11.4	21.3	10.9	24.2	3.63	1.83
Not satisfied with family life	%	10.5	3.2	6.8	11.0	15.0	53.0	4.76	1.68
Not enjoy leisure time	%	12.7	11.3	16.3	16.9	13.1	30.0	3.69	1.76
Not attained goal I brought with	%	19.6	16.2	8.3	13.2	16.2	26.5	3.69	1.90
Not well adjusted to Americal culture	%	12.5	10.8	21.6	23.9	17.0	14.2	3.64	1.54

Note: Non-responding subjects omitted in calculation,

Table 3

Summary on Cultural Value Scale

Variables		SA	A	ND	D	MD	SD	M	SD
Extended family	%	25.1	15.6	18.5	7.1	9.5	24.2	3.3	1.2
Obedience to elder and authority	%	54.2	19.2	13.1	5.1	3.7	4.7	1.9	1.4
Humility in social manner	%	81.8	9.3	5.1	0.9	1.4	1.4	1.3	0.9
Belittle oneself and one's achivement	%	41.6	15.0	22.4	6.5	5.1	9.3	2.4	1.6
Inhivition of personal feelings	%	25.1	14.1	23.0	12.2	8.5	20.2	3.3	1.8
Saving face	%	31.6	18.6	10.0	7.4	8.8	13.5	2.8	1.7
Speaking Korean all the time	%	53.0	14.9	16.7	8.9	3.7	2,8	2,0	1.3
Immediate family orientation	%	10.6	3.4	8.7	27.1	17.9	32.4	4.3	1.6
Self-reliance on problem solving	%	16.4	7.5	5.6	27.6	18.2	24.8	4.0	1.7
Being open and candid about ones feeling	%	8.8	3.2	2.8	14.7	21.2	49.3	4.8	1.5
Develop individuality	%	21.3	6.2	10.9	23.7	16.1	21.8	3.7	1.8
Being assertive	%	5.7	2.8	3.3	10.4	19.8	58.0	5.0	1.4
Equality regardless sex or age	%	19.6	11.9	9.3	22.2	11.9	25.3	3.7	1.8
Speaking English	%	19.9	16.0	16.0	25.2	12.1	10.7		1.6
Feel conflict between two culture	%	38.3	10.2	17.0	5.8	7.3	21.4	2.9	2.0

Note: Non-responding subjects omitted in calculation.

Table 4

Distribution of Summary of Personality Adoptability Scale

Variables		SA	A	ND	D	MD	SD	M	SD
Meet change quickly and effectively	%	10.6	6.3	5.3	25.1	20.8	31.9	4.3	1.6
Preserve learned value and attitude	%	45.7	25.5	14.9	7.2	2.9	3.8	2.0	1.3
Atick to rules and regulations	%	58.4	23.4	9.8	2.3	2.3	3.7	1.7	1.2
Open to new experience	%	4.1	3.2	5.1	11.1	18.4	58.1	5.1	1.3
Assertiveness	%	1.1	5.2	6.1	16.4	25.8	40.4	4.7	1.5
High aspiration	%	12.3	5.7	9.5	21.3	19.9	31.3	4.2	1.7
Impatience with new idea	%	17.2	12.3	25.5	12.3	17.6	17.2	3.5	1.7
Competitive and frustrate easily	%	21.4	13.8	2517	12.4	12.4	14.3	3.2	1.7
Couragious and charllenge new ideas	%	9.0	6.2	7.1	29.9	20.9	27.0	4.3	1.5
Introvert	%	23.9	20.5	26.8	10.2	9.3	9.3	2.9	1.6
Extrovert	%	18.4	.5.7	27.6	8.1	11.9	18.4	3.3	1.7

Note: non-responding subjects omitted in calculation.

Table 5

Distribution of Summary of Attitudinal Scales on Problems and Services

Variables	%	SA	A	ND	MD	D	SD	M	SD
Bear problem because all immigrant face it	%	35.0	13.1	20.4	8.7	5.3	17.5	2.9	1.8
Don't think I have problem	%	15.8	15.3	15.3	13.9	11.0	28.7	3.7	1.8
Must solve my own problem	%	34.0	23.7	14.4	5.1	9.3	13.5	2.7	1.8
Can't bother people with my own problems	%	59.8	14.5	5.6	1.4	3.7	15.0	2.2	1.8
Having problems reflects badly on my family	%	22.4	6.0	10.9	8.5	7.0	45.3	4.1	2.1
Having problems is humiliatin to myself	%	19.6	7.4	10.8	8.3	8.3	54.6	4.1	2.0
Will seek help when I have problem	%	43.5	10.1	14.0	5.8	17.2	19.3	2.8	2.0
Problems are created by an unwise person	%	23.3	11.4	24.3	7.6	9.0	24.3	3.4	1.9
Not beleive professionals can help with personal problem	%	29.9	10.3	13.2	8.3	10.8	27.5	3.4	2.0

Note: Non-responding subjects omitted in calculation.

Table 7-1

Reported Utilization Patterns Identified by Professionals

Variable	Category	Frequency	Per-centage
Psychiatrist	non-utilizer	215	92.5
	Utilizer	13	5.7
	No knowledge about	4	1.8
	Total	228	100
Psychologist	Non-utilizer	220	94.3
	Utilizer	8	3.5
	No Knowledge about	5	2.2
	Total	228	100
Social worker	Non-utilizer	211	91.7
	Utilizer	17	7.4
	No knowledge about	4	1.8
	Total	228	100
Mental health worker	Non-utilizer	208	89.5
	Utilizer	20	8.8
	No knowledge about	11	1.8
	Total	228	100
Social security	Non-utilizer	219	93.4
	Utilizer	9	3.9
	No knowledge about	6	2.6
	Total	228	100
Unemployment insurance	Non-utilizer	224	96.0
	Utilizer	4	1.8
Unemployment	No knowledge about	5	2.2
	Total	228	100
Workman's compensation	Non-utilizer	222	96.5
	Utilizer	6	2.6
	No knowledge about	2	0.9
	Total	228	100

Note: Frequency on the category "no knowledge about the service" are repetition.

Table 7-2

Distribution of Adjusted Percentage of Utilization According to Service

Variable	adjusted % of total utilizer	adjusted % of ignorence of service
Psychiatrist	17.11	13.3
Psychologist	10.53	16.7
Social worker	21.0	13.3
Mental health worker	26.3	13.3
Social security	11.8	20.0
Unemployment	5.26	16.7
Workman's compensation	7.9	7.8
Total	100	100

Note: Subjects not responded are omitted.

FOOTNOTES

FOOTNOTES

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